

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: University of Southern California
 % CASSANDRA PORTER ACCT/FIN D
 Doing business as

D Employer identification number: 95-1642394

E Telephone number: (213) 821-1900

G Gross receipts \$ 5,567,632,114

F Name and address of principal officer:
 Dr Carol L Folt
 UNIVERSITY GARDENS UGB203
 LOS ANGELES, CA 900898003

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ <http://www.usc.edu>

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1895 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | |
|--|-----------|------------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 34 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 33 |
| 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 42,205 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 32,366,133 |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 |

| | Prior Year | Current Year |
|---|---------------|---------------|
| 8 Contributions and grants (Part VIII, line 1h) | 1,029,523,653 | 1,011,581,561 |
| 9 Program service revenue (Part VIII, line 2g) | 3,809,918,063 | 3,529,012,115 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 532,831,334 | 1,023,826,217 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,897,319 | 2,506,719 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 5,375,170,369 | 5,566,926,612 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 676,311,252 | 737,108,936 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 3,211,193,232 | 2,446,122,028 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 360,000 | 495,000 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶80,338,041 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,533,523,891 | 1,865,558,274 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 5,421,388,375 | 5,049,284,238 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -46,218,006 | 517,642,374 |

| | Beginning of Current Year | End of Year |
|--|---------------------------|----------------|
| 20 Total assets (Part X, line 16) | 14,735,782,192 | 13,791,301,785 |
| 21 Total liabilities (Part X, line 26) | 4,313,223,217 | 4,615,091,439 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 10,422,558,975 | 9,176,210,346 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
Date: 2023-05-10

ERIK BRINK INTERIM SVP FIN/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: PricewaterhouseCoopers LLP
 Preparer's signature: [Signature]
 Date: 2023-05-10
 Check if self-employed
 PTIN: P00641463
 Firm's name: PricewaterhouseCoopers LLP
 Firm's EIN: [EIN]
 Firm's address: 101 SEAPORT BLVD SUITE 500
 BOSTON, MA 02210
 Phone no. (617) 530-5000

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,452,131,968 including grants of \$ 737,108,936) (Revenue \$ 2,741,462,528)
See Additional Data

4b (Code:) (Expenses \$ 525,655,265 including grants of \$ 0) (Revenue \$ 519,081,935)
See Additional Data

4c (Code:) (Expenses \$ 448,630,608 including grants of \$ 0) (Revenue \$ 268,467,653)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 4,426,417,841

Part IV Checklist of Required Schedules

| | | Yes | No |
|------------|---|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | Yes | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | Yes | |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | Yes | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | Yes | |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | Yes | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | Yes | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | Yes | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. | Yes | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | Yes | |

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [checked]

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | | | | |
|--|--|------------|------------|-----|----|--|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | <table border="1"> <tr> <td style="width: 100px;">2a</td> <td style="text-align: right;">42,205</td> </tr> </table> | 2a | 42,205 | | | |
| 2a | 42,205 | | | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | 2b | Yes | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . | | | 3a | Yes | | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . | | | 3b | Yes | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . b If "Yes," enter the name of the foreign country: ▶ SP , FR , HK , CH , MX , TW , KS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | 4a | Yes | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | | | 5a | | No | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | No | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | No | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | Yes | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | Yes | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | No | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | <table border="1"> <tr> <td style="width: 100px;">7d</td> <td></td> </tr> </table> | 7d | | | | |
| 7d | | | | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | No | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | | | 7f | | No | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | 8 | | No | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | No | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | | | 9b | | No | |
| 10 Section 501(c)(7) organizations. Enter: | | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | <table border="1"> <tr> <td style="width: 100px;">10a</td> <td></td> </tr> </table> | 10a | | | | |
| 10a | | | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | <table border="1"> <tr> <td style="width: 100px;">10b</td> <td></td> </tr> </table> | 10b | | | | |
| 10b | | | | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | | | |
| a Gross income from members or shareholders | <table border="1"> <tr> <td style="width: 100px;">11a</td> <td></td> </tr> </table> | 11a | | | | |
| 11a | | | | | | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | <table border="1"> <tr> <td style="width: 100px;">11b</td> <td></td> </tr> </table> | 11b | | | | |
| 11b | | | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | <table border="1"> <tr> <td style="width: 100px;">12b</td> <td></td> </tr> </table> | 12b | | | | |
| 12b | | | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | | 13a | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | <table border="1"> <tr> <td style="width: 100px;">13b</td> <td></td> </tr> </table> | 13b | | | | |
| 13b | | | | | | |
| c Enter the amount of reserves on hand | <table border="1"> <tr> <td style="width: 100px;">13c</td> <td></td> </tr> </table> | 13c | | | | |
| 13c | | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | No | |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . | | | 14b | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | | | 15 | Yes | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O. | | | 16 | | No | |
| 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . If "Yes," complete Form 6069. | | | 17 | | | |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (34), 1b (33), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, OK, WA
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: CASSANDRA PORTER ACCTFIN D UNIV GARDENS UGB203 LOS ANGELES, CA 90089 (213) 821-1900

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8,332

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like DELOITTE CONSULTING LLP, ERNST YOUNG, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 205

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,240,720 | 1,240,720 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 724,779,425 | 724,779,425 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 11,088,791 | 11,088,791 | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 20,914,225 | 7,238,694 | 11,101,989 | 2,573,542 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 6,306,145 | 5,111,213 | 1,194,932 | 0 |
| 7 Other salaries and wages | 1,940,761,957 | 1,692,430,991 | 208,356,258 | 39,974,708 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 154,675,937 | 134,884,316 | 16,605,694 | 3,185,927 |
| 9 Other employee benefits | 154,898,224 | 136,105,459 | 15,898,283 | 2,894,482 |
| 10 Payroll taxes | 168,565,540 | 146,996,669 | 18,096,854 | 3,472,017 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 55,109,281 | | 55,109,281 | |
| c Accounting | 3,087,392 | | 3,087,392 | |
| d Lobbying | 608,063 | 608,063 | | |
| e Professional fundraising services. See Part IV, line 17 | 495,000 | | | 495,000 |
| f Investment management fees | 18,322,486 | | 18,322,486 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 0 | | | |
| 12 Advertising and promotion | 0 | | | |
| 13 Office expenses | 1,025,840,816 | 935,299,927 | 68,346,747 | 22,194,142 |
| 14 Information technology | 0 | | | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 166,289,567 | 135,545,151 | 27,640,954 | 3,103,462 |
| 17 Travel | 60,495,168 | 51,832,648 | 7,607,305 | 1,055,215 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 0 | | | |
| 20 Interest | 85,610,529 | 69,746,912 | 15,863,617 | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 217,031,289 | 197,559,891 | 18,081,852 | 1,389,546 |
| 23 Insurance | 57,214,712 | | 57,214,712 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a COST OF GOODS SOLD | 133,227,642 | 133,227,642 | | |
| b UNIVERSITY SERVICES | 42,721,329 | 42,721,329 | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 5,049,284,238 | 4,426,417,841 | 542,528,356 | 80,338,041 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|----------------|--------------------------|
| Assets | 1 Cash—non-interest-bearing | 0 | 1 | 0 |
| | 2 Savings and temporary cash investments | 1,042,524,155 | 2 | 405,476,739 |
| | 3 Pledges and grants receivable, net | 377,926,420 | 3 | 392,118,639 |
| | 4 Accounts receivable, net | 92,744,324 | 4 | 436,274,124 |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 11,678,076 | 5 | 11,710,304 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 35,271,125 | 7 | 25,119,791 |
| | 8 Inventories for sale or use | 30,458,011 | 8 | 29,563,799 |
| | 9 Prepaid expenses and deferred charges | 339,580,435 | 9 | 248,928,574 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 6,564,840,100 | | |
| | b Less: accumulated depreciation | 10b 2,988,091,558 | 3,907,725,005 | 10c 3,576,748,542 |
| | 11 Investments—publicly traded securities | 4,182,839,721 | 11 | 3,286,216,082 |
| | 12 Investments—other securities. See Part IV, line 11 | 4,185,924,022 | 12 | 4,571,789,717 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 529,110,898 | 15 | 807,355,474 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 14,735,782,192 | 16 | 13,791,301,785 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,199,984,111 | 17 | 1,211,871,657 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 227,519,241 | 19 | 380,237,454 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 2,132,014,681 | 23 | 2,441,615,568 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 753,705,184 | 25 | 581,366,760 |
| | 26 Total liabilities. Add lines 17 through 25 | 4,313,223,217 | 26 | 4,615,091,439 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 7,719,411,328 | 27 | 3,343,843,852 |
| | 28 Net assets with donor restrictions | 2,703,147,647 | 28 | 5,832,366,494 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 10,422,558,975 | 32 | 9,176,210,346 | |
| 33 Total liabilities and net assets/fund balances | 14,735,782,192 | 33 | 13,791,301,785 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|--|-----------|----------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 5,566,926,612 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,049,284,238 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 517,642,374 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 10,422,558,975 |
| 5 | Net unrealized gains (losses) on investments | 5 | -1,632,471,607 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -131,519,396 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 9,176,210,346 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|---|-----------|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | | No |
| b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | Yes | |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 95-1642394

Name: University of Southern California

Form 990 (2021)

Form 990, Part III, Line 4a:

INSTRUCTION AND RESEARCH: APPROXIMATELY 21,000 STUDENTS IN UNDERGRADUATE CLASSES: APPROXIMATELY 28,000 STUDENTS IN GRADUATE AND PROFESSIONAL CLASSES: 5,424 BACHELOR DEGREES CONFERRED AND 12,393 ADVANCED DEGREES CONFERRED IN 2021-2022. THE MAJOR RESEARCH IS IN MEDICINE, ENGINEERING AND THE SCIENCES. THE INSTITUTION HAS 701 CONTRACTS/GRANTS AWARDED BY THE FEDERAL GOVERNMENT AND 347 AWARDED IN 2021-2022 BY PRIVATE CORPORATIONS, FOUNDATIONS, OTHER UNIVERSITIES, OR STATE AND LOCAL GOVERNMENTS FOR BASIC RESEARCH.

Form 990, Part III, Line 4b:

HEALTH CARE SERVICES: THE DOCTORS OF USC ARE MORE THAN 500 PHYSICIANS AND SPECIALISTS WHO ARE FULL-TIME FACULTY MEMBERS OF THE KECK SCHOOL OF MEDICINE OF USC. USC PHYSICIANS PRACTICE AT KECK HOSPITAL OF USC, USC NORRIS CANCER HOSPITAL, USC VERDUGO HILLS HOSPITAL, DOHENY EYE INSTITUTE, HEALTH CARE CENTERS ON THE HEALTH SCIENCES CAMPUS AND IN DOWNTOWN LOS ANGELES, AND AT LOS ANGELES COUNTY & USC MEDICAL CENTER AND CHILDRENS HOSPITAL LOS ANGELES.

Form 990, Part III, Line 4c:

AUXILIARY ENTERPRISES: APPROXIMATELY 49,000 STUDENTS AND 21,000 FACULTY AND STAFF ARE SERVED BY THE BOOKSTORE, DINING SERVICES, HOUSING, PARKING FACILITIES AND OTHER SERVICES THAT SUPPORT EDUCATIONAL ACTIVITIES.

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Charles Helton Head Football Coach | 40.0 0.0 | | | | | X | | 4,642,300 | 0 | 44,565 |
| Carol L Folt President/Trustee | 50.0 2.25 | X | | X | | | | 3,458,670 | 0 | 436,495 |
| Andy Enfield Men's Head Basketball Coach | 40.0 0.0 | | | | | X | | 3,749,225 | 0 | 57,164 |
| Vaughn Starnes MD CHAIR & DIST PROF SURGERY | 0.0 50.5 | | | | | X | | 3,379,985 | 0 | 56,996 |
| Louis A Vandermolen MD Professor of Clinical Medicine | 50.0 0.0 | | | | | X | | 3,008,260 | 0 | 40,331 |
| Inderbir Singh Gill MD Professor of Urology | 50.0 0.5 | | | | | X | | 2,831,970 | 0 | 62,262 |
| James M Staten SVP, Finance & CFO | 50.0 10.25 | | | X | | | | 2,456,907 | 0 | 60,340 |
| Amy Diamond CHIEF INVESTMENT OFFICER | 50.0 0.0 | | | | X | | | 1,841,609 | 0 | 258,376 |
| Steven D Shapiro SEE SCHEDULE O FOR TITLE | 50.0 10.0 | | | X | | | | 998,306 | 0 | 883,094 |
| ROD HANNERS CEO Keck Medicine of USC | 50.0 6.5 | | | | X | | | 1,578,726 | 0 | 82,517 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Chrysostomos L Nikias SEE SCHEDULE O FOR TITLE | 40.0 0.0 | | | | | | X | 1,272,900 | 0 | 28,970 |
| Geoffrey Garrett Dean, Marshall School of Bus. | 50.0 0.0 | | | | X | | | 1,143,914 | 0 | 97,649 |
| Felicia A Washington SVP, HUMAN RESOURCES | 50.0 0.0 | | | X | | | | 1,087,206 | 0 | 144,626 |
| Beong-Soo Kim SVP & General Counsel | 50.0 8.0 | | | X | | | | 1,094,890 | 0 | 119,138 |
| Charles F Zukoski SEE SCHEDULE O FOR TITLE | 50.0 2.25 | | | X | | | | 1,017,723 | 0 | 147,686 |
| LAURA MOSQUEDA SEE SCHEDULE O FOR TITLE | 50.0 0.5 | | | | | | X | 1,050,101 | 0 | 38,198 |
| Glenn Osaki SEE SCHEDULE O FOR TITLE | 50.0 0.0 | | | | | | X | 906,291 | 0 | 54,687 |
| Tracey Vranich SEE SCHEDULE O FOR TITLE | 50.0 0.0 | | | X | | | | 742,092 | 0 | 42,244 |
| David W Wright SVP, ADMINISTRATION | 50.0 0.0 | | | X | | | | 644,915 | 0 | 76,730 |
| Amber Miller SEE SCHEDULE O FOR TITLE | 50.0 0.0 | | | | X | | | 640,282 | 0 | 43,777 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Samuel Garrison SVP, UNIVERSITY RELATIONS | 50.0 0.0 | | | X | | | | 610,128 | 0 | 54,699 |
| Gareth James SEE SCHEDULE O FOR TITLE | 50.0 0.0 | | | | | | X | 631,031 | 0 | 19,431 |
| Michael Quick SEE SCHEDULE O FOR TITLE | 40.0 0.0 | | | | | | X | 623,753 | 0 | 25,144 |
| Narsing Rao MD Interim Dean, Keck Med. of USC | 50.0 0.0 | | | | X | | | 595,012 | 0 | 46,277 |
| Yannis C Yortsos Dean, Viterbi School of Eng. | 50.0 0.25 | | | | X | | | 527,161 | 0 | 49,731 |
| Kyle Henley SVP & CHIEF COMM. OFFICER | 50.0 0.0 | | | X | | | | 494,603 | 0 | 30,378 |
| Elizabeth Graddy SEE SCHEDULE O FOR TITLE | 50.0 0.0 | | | | | | X | 472,171 | 0 | 28,634 |
| Carolyn Domen-Broshears Secretary of the University | 50.0 6.25 | | | X | | | | 410,146 | 0 | 20,158 |
| Lisa Mazzocco SEE SCHEDULE O FOR TITLE | 50.0 0.0 | | | | | | X | 400,000 | 0 | 0 |
| David Brown SEE SCHEDULE O FOR TITLE | 50.0 0.0 | | | | | | X | 302,880 | 0 | 57,772 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Dani Byrd SEE SCHEDULE O FOR TITLE | 40.0 0.0 | | | | | | X | 266,183 | 0 | 55,363 |
| Rick J Caruso Trustee, Chair until 6/16/2022 | 2.0 0.0 | X | | X | | | | 0 | 0 | 0 |
| Suzanne Nora Johnson Trustee, Chair as of 6/16/2022 | 2.0 0.0 | X | | X | | | | 0 | 0 | 0 |
| Miriam Adelson Trustee until 6/16/2022 | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Stephanie A Argyros Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Thomas J Barrack Jr Trustee until 7/20/2021 | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Marc R Benioff Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Corii D Berg Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Robert D Beyer Trustee as of 12/8/2021 | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| David C Bohnett Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Joseph M Boskovich Sr Trustee until 6/16/2022 | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Robert A Bradway Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| David H Dornsife Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Suzanne Dworak-Peck Trustee until 6/16/2022 | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Michele Dedeaux Engemann Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Michael A Felix Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Stanley P Gold Trustee until 6/16/2022 | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Ming Hsieh Trustee until 6/16/2022 | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| John M Iino Trustee as of 6/16/2022 | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Stephen M Keck Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Kenneth R Klein Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Jaime L Lee Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Kathy Leventhal Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| William J Mcmorrow Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| John Mork Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Oscar Munoz Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Rod Y Nakamoto Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Carmen Nava Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Shelly L Nemirovsky Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Dominic Ng Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| J Kristoffer Popovich Trustee until 6/16/2022 | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Blake Quinn Trustee until 6/16/2022 | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Amy A Ross Trustee | 2.0 3.0 | X | | | | | | 0 | 0 | 0 |
| Frederick J Ryan Jr Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Leonard D Schaeffer Trustee | 2.0 2.0 | X | | | | | | 0 | 0 | 0 |
| William E B Siart Trustee | 2.0 2.0 | X | | | | | | 0 | 0 | 0 |
| Jeffrey H Smulyan Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Heliane M Steden Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Ronald D Sugar Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Tracy M Sykes Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Daniel M Tsai Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |
| Wenxue Wang Trustee | 2.0 0.0 | X | | | | | | 0 | 0 | 0 |

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
University of Southern California

Employer identification number
95-1642394

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|-------------|-------------|-------------|---------------|---------------|---------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 927,957,977 | 847,546,503 | 970,414,924 | 1,029,523,653 | 1,011,581,561 | 4,787,024,618 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 927,957,977 | 847,546,503 | 970,414,924 | 1,029,523,653 | 1,011,581,561 | 4,787,024,618 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 17,330,695 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 4,769,693,923 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|-------------|-------------|-------------|---------------|---------------|---------------|
| 7 Amounts from line 4. | 927,957,977 | 847,546,503 | 970,414,924 | 1,029,523,653 | 1,011,581,561 | 4,787,024,618 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 61,701,929 | 116,124,673 | 73,734,409 | 52,155,633 | 32,058,784 | 335,775,428 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 212,300 | 255,204 | 41,726 | 69,050 | 85,250 | 663,530 |
| 11 Total support. Add lines 7 through 10 | | | | | | 5,123,463,576 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 9,094,999,215 |

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) | 14 | 93.095 % |
| 15 Public support percentage for 2020 Schedule A, Part II, line 14 | 15 | 92.656 % |

- 16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c | Add lines 7a and 7b. | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6. | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c | Add lines 10a and 10b. | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|------------|--|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9b | | |
| c | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | |
| b | A family member of a person described on 11a above? | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|--|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b | Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See **instructions**. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|---|-----------|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 Amounts paid to acquire exempt-use assets | 4 | |
| 5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>) | 5 | |
| 6 Other distributions (<i>describe in Part VI</i>). See instructions | 6 | |
| 7 Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions | 8 | |
| 9 Distributable amount for 2021 from Section C, line 6 | 9 | |
| 10 Line 8 amount divided by Line 9 amount | 10 | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021: | | | |
| a From 2016. | | | |
| b From 2017. | | | |
| c From 2018. | | | |
| d From 2019. | | | |
| e From 2020. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017. | | | |
| b Excess from 2018. | | | |
| c Excess from 2019. | | | |
| d Excess from 2020. | | | |
| e Excess from 2021. | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|-------------------|---|
| PART II, LINE 10: | OTHER INCOME REPRESENTS GROSS INCOME FROM FUNDRAISING EVENTS. |

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|---|---|
| Name of the organization University of Southern California | Employer identification number 95-1642394 |
|---|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ \$ _____

3 Volunteer hours for political campaign activities. See instructions _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? **Yes** **No**

4a Was a correction made? **Yes** **No**

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? **Yes** **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
|--|--|-----------------------------|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | |
| Not over \$500,000 | 20% of the amount on line 1e. | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | |
| Over \$17,000,000 | \$1,000,000. | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | | (a) | | (b) |
|---|---|-----|----|-----------|
| | | Yes | No | Amount |
| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | | | | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 1,508,913 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | Yes | | |
| i | Other activities? | Yes | | |
| j | Total. Add lines 1c through 1i | | | 1,508,913 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures. See Instructions | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|---------------------------|---|
| PART II-B, LINE 1(G)-(I): | THE UNIVERSITY OF SOUTHERN CALIFORNIA'S LOBBYING EFFORTS INCLUDE, THROUGH THE USE OF PAID STAFF AND OUTSIDE LOBBYING FIRMS, THE PROMOTION OF HIGHER APPROPRIATIONS FOR STUDENT AID AND BASIC RESEARCH PROGRAMS AND EFFORTS TO GENERALLY FURTHER THE UNIVERSITY'S MISSION OF EDUCATION AND RESEARCH AT THE LOCAL, STATE AND FEDERAL LEVEL. THE UNIVERSITY ALSO PAYS DUES TO MEMBER ORGANIZATIONS WHICH MAY LOBBY ON ITS BEHALF. AMOUNTS ASSOCIATED WITH MEMBER DUES ARE NOT REPORTED IN PART II-B. |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2021
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
University of Southern California

Employer identification number
95-1642394

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | 9 | |
| 2 Aggregate value of contributions to (during year) | 36,002,541 | |
| 3 Aggregate value of grants from (during year) | 9,485,336 | |
| 4 Aggregate value at end of year | 69,025,275 | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes** **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Yes** **No**

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Year |
|---|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ 29,144,752

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other EDUCATION
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---|--------------|
| 1c Beginning balance | 571,035,792 |
| 1d Additions during the year | -303,936,744 |
| 1e Distributions during the year | 11,280,250 |
| 1f Ending balance | 255,818,798 |

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 7,517,878,238 | 5,400,108,641 | 5,476,423,715 | 5,282,284,883 | 4,876,143,064 |
| b Contributions | 170,484,066 | 155,477,007 | 107,632,490 | 188,223,613 | 179,791,712 |
| c Net investment earnings, gains, and losses | -275,090,857 | 2,221,283,012 | 63,728,992 | 238,538,234 | 450,633,689 |
| d Grants or scholarships | 55,700,687 | 53,482,200 | 51,656,854 | 46,594,372 | 47,999,221 |
| e Other expenditures for facilities and programs | 232,597,741 | 194,880,267 | 185,939,043 | 177,037,868 | 167,411,661 |
| f Administrative expenses | 12,475,909 | 10,627,955 | 10,080,659 | 8,990,775 | 8,872,700 |
| g End of year balance | 7,112,497,110 | 7,517,878,238 | 5,400,108,641 | 5,476,423,715 | 5,282,284,883 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 29.910 %
 - b** Permanent endowment ▶ 70.090 %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | No | No |
| (ii) Related organizations | Yes | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 209,224,490 | | 209,224,490 |
| b Buildings | | 4,939,128,809 | 2,064,882,872 | 2,874,245,937 |
| c Leasehold improvements | | | | |
| d Equipment | | 665,368,914 | 527,698,942 | 137,669,972 |
| e Other | | 751,117,887 | 395,509,744 | 355,608,143 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 3,576,748,542 |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) HEDGE FUND | 2,085,898,171 | F |
| (B) PRIVATE EQUITY | 2,485,891,546 | F |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 4,571,789,717 | |

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) REAL ESTATE/OTHER INVESTMENTS | 612,793,714 |
| (2) ASSETS HELD BY OTHER TRUSTEES | 177,464,039 |
| (3) OTHER | 17,097,721 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 807,355,474 |

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | 0 |
| (2) ACTUARIAL LIABILITY FOR ANNUITIES PAYABLE | 85,702,340 |
| (3) FEDERAL STUDENT LOAN FUNDS | 35,489,765 |
| (4) ASSET RETIREMENT OBLIGATIONS | 152,543,119 |
| (5) CAPITAL LEASE OBLIGATIONS | 86,758,170 |
| (6) OPERATIONAL LEASE OBLIGATIONS | 202,866,221 |
| (7) OTHER LIABILITIES | 18,007,145 |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 581,366,760 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:

Software Version:

EIN: 95-1642394

Name: University of Southern California

Supplemental Information

| Return Reference | Explanation |
|-------------------|---|
| PART III, LINE 4: | THE UNIVERSITY OF SOUTHERN CALIFORNIA RETAINS MULTIPLE COLLECTIONS OF ART, HISTORICAL TREASURES AND OTHER SIMILAR ASSETS SUCH AS BOOKS, SCRIPTS, FILMS AND PHOTOGRAPHY. THESE COLLECTIONS ARE PROTECTED AND PRESERVED FOR EDUCATION, RESEARCH AND PUBLIC EXHIBITION PURPOSES. |

Supplemental Information

| Return Reference | Explanation |
|-------------------|---|
| PART IV, LINE 1B: | THE UNIVERSITY ACTS AS THE FISCAL AGENT FOR FUNDS RELATED TO UNIVERSITY SPONSORED AND/OR AFFILIATED PROGRAMS. THE UNIVERSITY DOES NOT OWN THE FUNDS ASSOCIATED WITH THESE PROGRAMS. |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART V, LINE 4: | THE INTENT OF THE UNIVERSITY'S ENDOWMENT FUNDS IS TO GENERATE THE REVENUES NECESSARY TO SUPPORT THE UNIVERSITY'S EXEMPT PURPOSES, INCLUDING EDUCATION, RESEARCH AND SCHOLARSHIPS. |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART X, LINE 2: | THE UNIVERSITY OF SOUTHERN CALIFORNIA DOES NOT HAVE A FIN 48 FOOTNOTE AS ANY UNCERTAIN TAX POSITIONS WERE DEEMED IMMATERIAL. |

SCHEDULE E
(Form 990)

Schools

OMB No. 1545-0047

2021

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990EZ for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Southern California

Employer identification number
95-1642394

Part I

| | YES | NO |
|--|-----|----|
| 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | Yes | |
| 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | Yes | |
| 3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II. | | No |
| 4 Does the organization maintain the following? | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | Yes | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | Yes | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | Yes | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. | Yes | |
| 5 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges? | | No |
| b Admissions policies? | | No |
| c Employment of faculty or administrative staff? | | No |
| d Scholarships or other financial assistance? | | No |
| e Educational policies? | | No |
| f Use of facilities? | | No |
| g Athletic programs? | | No |
| h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | No |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? | Yes | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II. | | No |
| 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. | Yes | |

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

| Return Reference | Explanation |
|--------------------------|--|
| EXPLANATION FOR LINE 3: | <p>NON-DISCRIMINATION POLICY THE UNIVERSITY MEETS THE REQUIREMENTS OF SECTIONS 4.01 THROUGH 4.05 OF REV. PROC 75-50, COVERING RACIAL NONDISCRIMINATION, BECAUSE IT DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS FROM AROUND THE U.S. AND WORLD, ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN MEANINGFUL NUMBERS, AND FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS. THE UNIVERSITY OF SOUTHERN CALIFORNIA IS AN EQUAL OPPORTUNITY EMPLOYER AND EDUCATOR. PROUDLY PLURALISTIC AND FIRMLY COMMITTED TO PROVIDING EQUAL OPPORTUNITY FOR OUTSTANDING MEN AND WOMEN OF EVERY RACE, CREED AND BACKGROUND, THE UNIVERSITY STRIVES TO BUILD A COMMUNITY IN WHICH EACH PERSON RESPECTS THE RIGHTS OF OTHER PEOPLE TO LIVE, WORK AND LEARN IN PEACE AND DIGNITY, TO BE PROUD OF WHO AND WHAT THEY ARE, AND TO HAVE EQUAL OPPORTUNITY TO REALIZE THEIR FULL POTENTIAL AS INDIVIDUALS AND MEMBERS OF SOCIETY. TO THIS END, THE UNIVERSITY PLACES GREAT EMPHASIS ON THOSE VALUES AND VIRTUES THAT BIND US TOGETHER AS HUMAN BEINGS AND MEMBERS OF THE TROJAN FAMILY. THE UNIVERSITY ENTHUSIASTICALLY SUPPORTS THIS POLICY IN ITS ENTIRETY, AND EXPECTS THAT EVERY PERSON ASSOCIATED WITH THE UNIVERSITY WILL GIVE CONTINUING SUPPORT TO ITS IMPLEMENTATION. THE UNIVERSITY IS COMMITTED TO COMPLYING WITH ALL APPLICABLE LAWS AND GOVERNMENTAL REGULATIONS AT EVERY LEVEL OF GOVERNMENT WHICH PROHIBIT DISCRIMINATION AGAINST, OR WHICH MANDATE THAT SPECIAL CONSIDERATION BE GIVEN TO STUDENTS AND APPLICANTS FOR ADMISSION, OR FACULTY, STAFF AND APPLICANTS FOR EMPLOYMENT ON THE BASIS OF ANY PROTECTED CATEGORY, INCLUDING RACE, COLOR, NATIONAL ORIGIN, ANCESTRY, RELIGION, GENDER, SEXUAL ORIENTATION, AGE, PHYSICAL DISABILITY, MENTAL DISABILITY, MARITAL STATUS, VETERAN STATUS, GENETIC INFORMATION, OR ANY OTHER CHARACTERISTIC WHICH MAY FROM TIME TO TIME BE SPECIFIED IN SUCH LAWS AND REGULATIONS. GENDER INCLUDES BOTH THE ACTUAL SEX OF AN INDIVIDUAL AND THAT PERSON'S GENDER IDENTITY, APPEARANCE OR BEHAVIOR, WHETHER OR NOT THAT IDENTITY, APPEARANCE OR BEHAVIOR IS TRADITIONALLY ASSOCIATED WITH THAT PERSON'S SEX AT BIRTH. THIS POLICY APPLIES TO ALL OF THE UNIVERSITY'S EDUCATIONAL PROGRAMS AND ACTIVITIES INCLUDING ADMISSIONS, AND ALL PERSONNEL ACTIVITIES INCLUDING BUT NOT LIMITED TO RECRUITING, HIRING, PROMOTION, DEMOTION, COMPENSATION, BENEFITS, TRANSFERS, LAYOFFS, RETURN FROM LAYOFF, PROVISION OF LEAVES, TRAINING, EDUCATION, TUITION ASSISTANCE AND OTHER PROGRAMS. IN ADDITION, AN OTHERWISE QUALIFIED INDIVIDUAL MUST NOT BE DISCRIMINATED AGAINST IN, OR EXCLUDED FROM, ADMISSIONS, PARTICIPATION IN EDUCATIONAL PROGRAMS AND ACTIVITIES, OR EMPLOYMENT SOLELY DUE TO HIS OR HER DISABILITY. THE UNIVERSITY SEEKS COMPLIANCE WITH ALL STATUTES PROHIBITING DISCRIMINATION IN EDUCATION, INCLUDING TITLE VI AND TITLE VII OF THE CIVIL RIGHTS ACT OF 1964, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, SECTION 504 OF THE REHABILITATION ACT OF 1973, THE AGE DISCRIMINATION ACT OF 1975, AND THE AMERICANS WITH DISABILITIES ACT OF 1990 WHICH RESPECTIVELY PROHIBIT DISCRIMINATION. THIS GOOD FAITH EFFORT TO COMPLY IS MADE EVEN WHEN SUCH LAWS AND REGULATIONS CONFLICT WITH EACH OTHER. THE UNIVERSITY WILL MAKE REASONABLE ACCOMMODATIONS FOR QUALIFIED INDIVIDUALS WITH KNOWN DISABILITIES UNLESS DOING SO WOULD RESULT IN UNDUE HARDSHIP. IN GENERAL, THE UNIVERSITY DOES NOT SOLICIT OUTSIDE OF ITS WEBSITE AND ADMISSIONS MATERIALS. THE UNIVERSITY'S NON-DISCRIMINATION POLICY IS ON THE UNIVERSITY'S WEBSITE, IN THE FACULTY HANDBOOK, IN SCAMPUS (THE STUDENT HANDBOOK), AND ALSO IN THE UNIVERSITY COURSE CATALOGUE. IN ADDITION, IT IS COMMUNICATED TO ALL STUDENTS DURING ORIENTATION, TO ALL NEW EMPLOYEES WITHIN 60 DAYS OF HIRE, AND TO ALL EMPLOYEES EVERY 2 YEARS AS PART OF THE UNIVERSITY'S HARASSMENT AND DISCRIMINATION PREVENTION TRAINING.</p> |
| EXPLANATION FOR LINE 6A: | <p>THE UNIVERSITY OF SOUTHERN CALIFORNIA RECEIVES FUNDING FROM VARIOUS FEDERAL AND STATE GOVERNMENTAL AGENCIES IN SUPPORT OF THE UNIVERSITY'S EDUCATIONAL MISSION.</p> |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
University of Southern California

Employer identification number
95-1642394

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) See Add'l Data | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 0 | 229 | | | 2,169,000 |
| b Total from continuation sheets to Part I | 11 | 65 | | | 1,863,678,034 |
| c Totals (add lines 3a and 3b) | 11 | 294 | | | 1,865,847,034 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|-------------------|-----------------------------|---------------------------------|--|---|--|--|
| (1) See Add'l Data | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| 5 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ | | | | | | | | 44 |
| 3 Enter total number of other organizations or entities ▶ | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|---|--|--|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2: | <p>THE UNIVERSITY WIRES ITS OFFICE EXPENSES ON A MONTHLY BASIS. THE MONTHLY EXPENSES CONSIST OF FIXED COSTS: PAYROLL, RENT, OCCUPANCY COSTS (SUCH AS PHONE/INTERNET/FAX, CLEANING, ELECTRICITY), CONSULTANTS SUCH AS ACCOUNTANTS, BANK FEES AND NON-FIXED, SUCH AS SUPPLIES, TRAVEL, MEALS AND ENTERTAINMENT AND SOME MISCELLANEOUS COSTS. THE OFFICES SEND THEIR EXPENSE REPORTS INCLUDING BACKUP (INVOICES/RECEIPTS) TO THE UNIVERSITY ALONG WITH MONTHLY BANK STATEMENTS. ALL EXPENDITURES DOMESTIC AND INTERNATIONAL MUST COMPLY WITH OUR EXPENDITURE MANUAL AND THE UNIVERSITY'S SENIOR BUSINESS OFFICERS ARE RESPONSIBLE FOR COMPLYING WITH THESE POLICIES AND REGULATIONS. EXPENDITURES RELATED TO RESEARCH GRANTS ARE CONTINUALLY MONITORED BY PRINCIPAL INVESTIGATORS ASSOCIATED WITH THAT AWARD.</p> |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|--|--|
| PART I, LINE 3, COLUMN (F) AND PART II, LINE 1: | EXPENSES REPORTED IN SCHEDULE F, PART I, LINE 3, COLUMN (F) AND SCHEDULE F, PART II, LINE 1 ARE DERIVED FROM USC'S BOOKS AND RECORDS, WHICH ARE MAINTAINED ON THE ACCRUAL BASIS OF ACCOUNTING. |

Additional Data

Software ID:

Software Version:

EIN: 95-1642394

Name: University of Southern California

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| East Asia and the Pacific | 0 | 5 | Program Services | INSTRUCT,EXCUR,TRAVEL | 85,558 |
| Europe (Including Iceland and Greenland) | 0 | 191 | Program Services | INSTRUCT,EXCUR,TRAVEL | 1,566,986 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Middle East and North Africa | 0 | 0 | Program Services | INSTRUCT,EXCUR,TRAVEL | 52,404 |
| North America | 0 | 10 | Program Services | INSTRUCT,EXCUR,TRAVEL | 108,644 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|-------------------------------------|---|--|--|-----------------------------------|
| Russia and the Newly Independent States | 0 | 1 | Program Services | INSTRUCT,EXCUR,TRAVEL | 24,880 |
| South America | 0 | 8 | Program Services | INSTRUCT,EXCUR,TRAVEL | 81,896 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---|--|--|-----------------------------------|
| South Asia | 0 | 0 | Program Services | INSTRUCT,EXCUR,TRAVEL | 2,000 |
| Sub-Saharan Africa | 0 | 4 | Program Services | INSTRUCT,EXCUR,TRAVEL | 93,593 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Central America and the Caribbean | 0 | 1 | Program Services | Research | 1,549 |
| East Asia and the Pacific | 0 | 0 | Program Services | Research | 8,838 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| Europe (Including Iceland and Greenland) | 0 | 7 | Program Services | Research | 74,247 |
| Middle East and North Africa | 0 | 0 | Program Services | Research | 1,872 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|-------------------------------------|---|--|--|-----------------------------------|
| North America | 0 | 1 | Program Services | Research | 4,253 |
| Russia and the Newly Independent States | 0 | 0 | Program Services | Research | 3,360 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| South America | 0 | 1 | Program Services | Research | 43,364 |
| South Asia | 0 | 0 | Program Services | Research | 9,879 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Sub-Saharan Africa | 0 | 0 | Program Services | Research | 5,677 |
| Central America and the Caribbean | 0 | 0 | Program Services | Student Abroad | 48,873 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| Europe (Including Iceland and Greenland) | 0 | 0 | Program Services | Student Abroad | 192,634 |
| Middle East and North Africa | 0 | 0 | Program Services | Student Abroad | 35,190 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Central America and the Caribbean | 0 | 0 | Program Services | Recruitment | 1,150 |
| East Asia and the Pacific | 6 | 23 | Program Services | Recruitment | 2,140,122 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| Europe (Including Iceland and Greenland) | 1 | 1 | Program Services | Recruitment | 147,295 |
| Middle East and North Africa | 0 | 0 | Program Services | Recruitment | 3,572 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| North America | 1 | 1 | Program Services | Recruitment | 191,196 |
| South America | 1 | 1 | Program Services | Recruitment | 200,617 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| South Asia | 2 | 1 | Program Services | Recruitment | 132,354 |
| Europe (Including Iceland and Greenland) | 0 | 0 | Program Services | Globalization - Travel | 7,299 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| East Asia and the Pacific | 0 | 17 | Program Services | International Experien | 775,583 |
| Europe (Including Iceland and Greenland) | 0 | 21 | Program Services | International Experien | 345,406 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| East Asia and the Pacific | 0 | 0 | Grantmaking | | 4,018,201 |
| Europe (Including Iceland and Greenland) | 0 | 0 | Grantmaking | | 1,978,604 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Middle East and North Africa | 0 | 0 | Grantmaking | | 22,466 |
| North America | 0 | 0 | Grantmaking | | 1,362,623 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| South America | 0 | 0 | Grantmaking | | 269,070 |
| South Asia | 0 | 0 | Grantmaking | | 2,195,147 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Sub-Saharan Africa | 0 | 0 | Grantmaking | | 1,242,680 |
| Central America and the Caribbean | 0 | 0 | Investments | | 1,470,591,850 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| East Asia and the Pacific | 0 | 0 | Investments | | 6,363,343 |
| Europe (Including Iceland and Greenland) | 0 | 0 | Investments | | 371,403,178 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Central America and the Caribbean | 0 | 0 | Program Services | INSTRUCT,EXCUR,TRAVEL | 9,581 |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | East Asia and the Pacific | RESEARCH SUBAWARD | 2,930,361 | | | | |
| | | East Asia and the Pacific | RESEARCH SUBAWARD | 337,138 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | East Asia and the Pacific | RESEARCH SUBAWARD | 30,803 | | | | |
| | | East Asia and the Pacific | RESEARCH SUBAWARD | 107,479 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | East Asia and the Pacific | RESEARCH SUBAWARD | 32,170 | | | | |
| | | East Asia and the Pacific | RESEARCH SUBAWARD | 157,762 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | East Asia and the Pacific | RESEARCH SUBAWARD | 22,500 | | | | |
| | | East Asia and the Pacific | RESEARCH SUBAWARD | 21,466 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | East Asia and the Pacific | RESEARCH SUBAWARD | 182,395 | | | | |
| | | East Asia and the Pacific | RESEARCH SUBAWARD | 191,430 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 227,593 | | | | |
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 35,828 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 268,545 | | | | |
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 328,071 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 80,000 | | | | |
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 96,518 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 243,186 | | | | |
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 14,731 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 25,000 | | | | |
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 52,857 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 110,235 | | | | |
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 55,770 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 134,323 | | | | |
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 36,672 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 209,767 | | | | |
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 30,820 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RESEARCH SUBAWARD | 24,432 | | | | |
| | | Middle East and North Africa | RESEARCH SUBAWARD | 18,980 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | North America | RESEARCH SUBAWARD | 57,760 | | | | |
| | | North America | RESEARCH SUBAWARD | 47,480 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | North America | RESEARCH SUBAWARD | 307,290 | | | | |
| | | North America | RESEARCH SUBAWARD | 122,287 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | North America | RESEARCH SUBAWARD | 92,700 | | | | |
| | | North America | RESEARCH SUBAWARD | 491,465 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | North America | RESEARCH SUBAWARD | 25,000 | | | | |
| | | North America | RESEARCH SUBAWARD | 218,640 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South America | RESEARCH SUBAWARD | 193,070 | | | | |
| | | South America | RESEARCH SUBAWARD | 76,000 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South Asia | RESEARCH SUBAWARD | 2,195,147 | | | | |
| | | Sub-Saharan Africa | RESEARCH SUBAWARD | 51,731 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | RESEARCH SUBAWARD | 110,458 | | | | |
| | | Sub-Saharan Africa | RESEARCH SUBAWARD | 605,876 | | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | RESEARCH SUBAWARD | 125,882 | | | | |
| | | Sub-Saharan Africa | RESEARCH SUBAWARD | 348,733 | | | | |

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
University of Southern California

Employer identification number
95-1642394

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|------------------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 ALBERT CHECCIO LLC | FUNDRAISING CONSULTING | | No | | 495,000 | 0 |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | 495,000 | 0 |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AR, CA, CO, CT, FL, GA, IN, IA, KS, KY, LA, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OR, PA, SC, SD, VT, VA, WV, WI

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|---|--------------------------------------|--|----------------------------|---------------------------------|
| | | <u>Alumni Awards</u> (event type) | <u>Scripter Awards</u> (event type) | <u>1</u> (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 348,200 | 133,200 | 50,310 | 531,710 |
| | 2 Less: Contributions | 262,950 | 133,200 | 47,310 | 443,460 |
| | 3 Gross income (line 1 minus line 2) | 85,250 | | 3,000 | 88,250 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 2,500 | 10,218 | 3,104 | 15,822 |
| | 6 Rent/facility costs | 50,188 | 4,090 | 927 | 55,205 |
| | 7 Food and beverages | 165,763 | 7,781 | 123,566 | 297,110 |
| | 8 Entertainment | 10,133 | | 118,054 | 128,187 |
| | 9 Other direct expenses | 115,454 | 61,740 | 31,984 | 209,178 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 705,502 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -617,252 | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
|---|--|---|---|---|--|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization University of Southern California

Employer identification number

95-1642394

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) STUDENT FINANCIAL AID | 27307 | 724,779,425 | | N/A | N/A |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation |
|------------------|--|
| SCHEDULE I | PART I, LINE 2 USC NEIGHBORHOOD OUTREACH FUNDS ARE DISTRIBUTED THROUGH A COMPETITIVE GRANT MAKING PROCESS. A GRANT REVIEW COMMITTEE COMPRISED OF UNIVERSITY FACULTY, AND STAFF VOLUNTEERS REVIEWS ALL GRANTS, AND PROVIDES FUNDING RECOMMENDATIONS BASED ON A SET OF CRITERIA. ALL FINAL GRANT AWARD DECISIONS ARE MADE BY CIVIC ENGAGEMENT. USC NEIGHBORHOOD OUTREACH MONITORS THE GRANT AWARDS THROUGH AN INTERIM REPORT SIX MONTHS INTO THE PROJECT, AND A FINAL CUMULATIVE REPORT AT THE END OF THE PROJECT. WE CONDUCT AD HOC SITE VISITS TO OBSERVE THE PROGRAM AND REVIEW EDUCATION CONSORTIUM OF CENTRAL LA (ECCLA) ACCOUNTING RECORDS. THE UNIVERSITY OF SOUTHERN CALIFORNIA ADMINISTERS ONE OF THE NATION'S LARGEST FINANCIAL AID PROGRAMS THROUGH ITS FINANCIAL AID OFFICE, AWARDING \$724 MILLION IN AID TO OVER TWO-THIRDS OF OUR UNDERGRADUATE STUDENTS. WE WILL MEET THE FULL USC-DETERMINED FINANCIAL NEED OF ALL ADMITTED UNDERGRADUATE STUDENTS WHO MEET ALL FEDERAL, STATE, AND UNIVERSITY ELIGIBILITY REQUIREMENTS AND DEADLINES. STUDENTS AND THEIR PARENTS ARE REQUIRED TO SUBMIT ALL APPLICATIONS AND SUPPORT DOCUMENTS, MEETING ALL DEADLINES, IN ORDER TO MAKE THEIR CLAIM FOR FINANCIAL ASSISTANCE AND TO BE CONSIDERED FOR FINANCIAL AID. PART II THE UNIVERSITY OF SOUTHERN CALIFORNIA ALSO ADMINISTERS SUB-AWARDS FOR RESEARCH TO OTHER ORGANIZATIONS IN CONNECTION WITH RESEARCH GRANTS AWARDED TO THE UNIVERSITY. THE UNIVERSITY OF SOUTHERN CALIFORNIA DOES NOT REPORT THESE SUB-AWARDS AS GRANTS ON FORM 990, SCHEDULE I SINCE THE RECIPIENT ORGANIZATIONS PERFORM RESEARCH SERVICES FOR THE UNIVERSITY. PART III, COLUMN(C) THE CASH GRANT IS REFLECTED ON STUDENT ACCOUNTS. |

Additional Data

Software ID:
Software Version:
EIN: 95-1642394
Name: University of Southern California

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Redeemer Community Partnership PO Box 180499 Los Angeles, CA 90018 | 91-2144336 | 501(C)(3) | 24,030 | | | | GENERAL SUPPORT |
| Al Otro Lado PO Box 907 Maywood, CA 90270 | 47-2910078 | 501(C)(3) | 35,780 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Social and Environmental Entrepreneurs 23564 Calabasas Road Suite 201 Calabasas, CA 91302 | 95-4116679 | 501(C)(3) | 23,750 | | | | GENERAL SUPPORT |
| Youth Business Alliance 800 Wilshire Boulevard Suite 200 Los Angeles, CA 90017 | 46-2067337 | 501(C)(3) | 8,000 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Clifford Beers Housing Inc 11739 Victory Boulevard Los Angeles, CA 91606 | 95-4485263 | 501(C)(3) | 25,000 | | | | GENERAL SUPPORT |
| PUENTE Learning Center 501 South Boyle Avenue Los Angeles, CA 90033 | 95-4242175 | 501(C)(3) | 22,000 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Wellnest 3031 South Vermont Avenue Los Angeles, CA 90007 | 95-1690974 | 501(C)(3) | 28,000 | | | | GENERAL SUPPORT |
| OUR HOUSE Grief Support Center 21860 Burbank Boulevard Suite 195 Woodland Hills, CA 91367 | 33-0529915 | 501(C)(3) | 38,000 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FEAST 3655 South Grand Avenue Suite 210 Los Angeles, CA 90007 | 46-4312265 | 501(C)(3) | 17,460 | | | | GENERAL SUPPORT |
| Jazz Hands for Autism 10220 Culver Boulevard Suite 101 Culver City, CA 90232 | 47-1719982 | 501(C)(3) | 28,500 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Sacred Heart Elementary School 2109 Sichel Street Los Angeles, CA 90031 | 95-1641965 | 501(C)(3) | 21,150 | | | | GENERAL SUPPORT |
| 24th Street Theatre Company 1117 West 24th Street Los Angeles, CA 90007 | 95-4607337 | 501(C)(3) | 31,990 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| School on Wheels Inc 3150 North San Fernando Road Suite Los Angeles, CA 90065 | 95-4422640 | 501(C)(3) | 31,730 | | | | GENERAL SUPPORT |
| Network for Teaching Entrepreneurship (NFTE) Los A 201 North Brand Boulevard Suite 20 Glendale, CA 91203 | 13-3408731 | 501(C)(3) | 10,650 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Project Scientist PO Box 515 Laguna Beach, CA 92652 | 46-1763945 | 501(C)(3) | 43,200 | | | | GENERAL SUPPORT |
| Rise Education Fund 820 Kodak Drive Los Angeles, CA 90026 | 84-3954465 | 501(C)(3) | 30,000 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Khalsa Peace Corps 1431 West Jefferson Boulevard Los Angeles, CA 90007 | 26-4601165 | 501(C)(3) | 19,000 | | | | GENERAL SUPPORT |
| Community Services Unlimited Inc 6569 South Vermont Avenue Los Angeles, CA 90044 | 95-3218396 | 501(C)(3) | 34,280 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Mount Olive Lutheran Church 1343 Ocean Park Boulevard Santa Monica, CA 90014 | 95-1757256 | 501(C)(3) | 9,576 | | | | GENERAL SUPPORT |
| Fulcrum Arts 145 North Raymond Avenue Pasadena, CA 91103 | 95-2540759 | 501(C)(3) | 25,000 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOLA Community Peace Center 3651 South Vermont Avenue Los Angeles, CA 90007 | 37-1945764 | 501(C)(3) | 25,770 | | | | GENERAL SUPPORT |
| Violence Intervention Program Community Mental Hea 1721 Griffin Avenue Los Angeles, CA 90031 | 30-0017808 | 501(C)(3) | 29,390 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Living Advantage Inc 2734 Raymond Avenue Los Angeles, CA 90007 | 95-4447561 | 501(C)(3) | 29,980 | | | | GENERAL SUPPORT |
| 826LA 1714 West Sunset Boulevard Los Angeles, CA 90026 | 95-4447561 | 501(C)(3) | 16,590 | | | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Community Partners 1000 North Alameda Street Suite 24 Los Angeles, CA 90012 | 95-4302067 | 501(C)(3) | 628,094 | | | | GENERAL SUPPORT |

Schedule J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Southern California

Employer identification number
95-1642394

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|---|---|---|--|--|---|---|---|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input checked="" type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input checked="" type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | No | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p> | 2 | Yes | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | Yes | | | | | | | | |
| | 4b | Yes | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | No | | | | | | | | |
| | 5b | No | | | | | | | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | No | | | | | | | | |
| | 6b | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 | Yes | | | | | | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p> | 8 | Yes | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | Yes | | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------------------|---|
| PART I, LINE 1A AND LINE 1B: | <p>FIRST-CLASS TRAVEL: THE UNIVERSITY OF SOUTHERN CALIFORNIA REQUIRES THAT ECONOMY-CLASS (COACH) TRAVEL BE UTILIZED FOR UNIVERSITY BUSINESS. FIRST AND BUSINESS CLASS AIR TRAVEL IS ONLY ALLOWED WHEN THERE IS ADVANCE WRITTEN APPROVAL, WHEN IT IS NECESSARY FOR MEDICAL REASONS, OR WHEN COACH CLASS IS UNAVAILABLE. THERE IS NO VALUE INCLUDED IN THE INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME AS ONLY BUSINESS TRAVEL EXPENSES ARE PAID. THE INDIVIDUALS LISTED IN FORM 990, PART VII WHO FLEW FIRST CLASS DURING CALENDAR YEAR 2021 INCLUDED ONE OFFICER AND ONE KEY EMPLOYEE. TAX GROSS-UP PAYMENTS: DURING CALENDAR YEAR 2021 ONE OFFICER AND ONE HIGHEST COMPENSATED EMPLOYEE RECEIVED TAX GROSS-UP PAYMENTS. THE PAYMENTS ARE REPORTED ON FORM W-2 AS TAXABLE COMPENSATION AND ARE REPORTED ON SCHEDULE J, PART II, COLUMN (B) (III). HOUSING ALLOWANCE: ONE KEY EMPLOYEE RECEIVED A HOUSING ALLOWANCE DURING CALENDAR YEAR 2021 WHICH WAS PROVIDED FOR IN THAT KEY EMPLOYEE'S EMPLOYMENT CONTRACT AND WAS INCLUDED IN TAXABLE COMPENSATION ON FORM W-2. SUCH AMOUNT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III). RESIDENCE FOR PERSONAL USE: ONE OFFICER HAD USE OF A UNIVERSITY OWNED CONDOMINIUM DURING CALENDAR YEAR 2021 WHICH WAS PROVIDED FOR IN THAT OFFICER'S EMPLOYMENT CONTRACT AND THE IMPUTED VALUE WAS INCLUDED IN TAXABLE COMPENSATION ON FORM W-2. SUCH AMOUNT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III). AS THE UNIVERSITY DOES NOT HAVE ON-CAMPUS HOUSING AVAILABLE FOR THE PRESIDENT'S USE BUT REQUIRES THE PRESIDENT TO LIVE IN A PRESIDENTIAL HOME AS A CONDITION OF EMPLOYMENT, THE PRESIDENT (DR. FOLT) WAS PROVIDED WITH OFF CAMPUS HOUSING PURSUANT TO HER EMPLOYMENT AGREEMENT. BECAUSE THE PROVISION OF OFF-CAMPUS HOUSING IS TAXABLE, THE BOARD DETERMINED IT WAS APPROPRIATE TO GROSS UP THE HOUSING BENEFIT. THE GROSSED UP BENEFIT WAS NOT DIRECTLY PROVIDED TO THE PRESIDENT AS CASH COMPENSATION BUT WAS INSTEAD REPORTED ON FORM W-2 AS TAXABLE INCOME AND IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III). HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: PAYMENT TO OR REIMBURSEMENT FOR AN INDIVIDUAL'S MEMBERSHIP IN, OR DUES TO, A PRIVATE CLUB FOR BUSINESS PURPOSES IS MADE AVAILABLE IN CERTAIN EMPLOYMENT CONTRACTS OR IS OTHERWISE APPROVED BY THE APPLICABLE SENIOR VICE PRESIDENT OR THE PRESIDENT. THE VALUE OF MEMBERSHIPS PROVIDED FOR BUSINESS PURPOSES IS NOT INCLUDED IN AN INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME. ANY PERSONAL USE OF THESE MEMBERSHIPS IS PAID FOR BY THE INDIVIDUAL. THE INDIVIDUALS LISTED IN FORM 990, PART VII WHO WERE PROVIDED WITH MEMBERSHIP IN, OR DUES TO, A PRIVATE CLUB DURING CALENDAR YEAR 2021 INCLUDED SEVEN OFFICERS, TWO KEY EMPLOYEES, ONE HIGHEST COMPENSATED EMPLOYEE, AND ONE FORMER OFFICER. PERSONAL SERVICES: CERTAIN INDIVIDUALS RECEIVED PERSONAL SERVICES, INCLUDING FINANCIAL PLANNING. SUCH SERVICES ARE MADE AVAILABLE IN EMPLOYMENT CONTRACTS AND THE VALUE OF THE SERVICES, IF USED, WAS INCLUDED IN THE INDIVIDUAL'S FORM W-2 AS TAXABLE INCOME AND IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III). THE LISTED INDIVIDUALS WHO RECEIVED SUCH BENEFIT DURING CALENDAR YEAR 2021 INCLUDED FOUR OFFICERS, TWO HIGHEST COMPENSATED EMPLOYEES, AND ONE FORMER OFFICER. THE PRESIDENT RECEIVED HOUSE MANAGEMENT SERVICES PURSUANT TO HER CONTRACT. THE VALUE OF THE SERVICES WAS REPORTED ON FORM W-2 AS TAXABLE INCOME AND IS REPORTED ON SCHEDULE J, PART II, COLUMN B(III). ONE OFFICER AND ONE FORMER OFFICER RECEIVED THE SERVICES OF A CAR AND DRIVER. SUCH SERVICES WERE APPROVED AS PART OF THE OFFICER AND FORMER OFFICER'S EMPLOYMENT CONTRACTS, AND THE VALUES OF TAXABLE SERVICES WERE INCLUDED IN THE OFFICER AND FORMER OFFICER'S FORM W-2 AS TAXABLE INCOME AND ARE REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III).</p> |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 4A: | LISA MAZZOCCO, IN CONNECTION WITH HER RESIGNATION OF HER POSITION AND SEPARATION FROM THE UNIVERSITY, WAS ENTITLED TO TWO \$400,000 LUMP SUM PAYMENTS, THE FIRST OF WHICH WAS PAID DURING CALENDAR YEAR 2020 AND THE SECOND OF WHICH WAS PAID DURING CALENDAR YEAR 2021. THIS SECOND PAYMENT IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III). CHARLES HELTON, IN CONNECTION WITH HIS RESIGNATION OF HIS POSITION AND SEPARATION FROM THE UNIVERSITY, WAS ENTITLED TO SEPARATION PAYMENTS. SEPARATION PAYMENTS INCLUDED A SERIES OF MONTHLY PAYMENTS WHICH TOTALED \$565,186 DURING CALENDAR YEAR 2021, AND ONE LUMP SUM PAYMENT OF \$340,926. THESE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III). |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 4B: | <p>CAROL FOLT: DURING THE CALENDAR YEAR THE PRESIDENT PARTICIPATED IN TWO RETENTION PROGRAMS. UNDER THE FIRST PLAN, A PAYMENT OF \$2,000,000 (ACCRUING AT \$666,667 PER FISCAL YEAR, PLUS INTEREST, BEGINNING ON JULY 1, 2021, SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE) IS SCHEDULED TO VEST AND BE PAYABLE IN 2024. A RATABLE ACCRUAL OF \$333,334 FROM CALENDAR YEAR 2021 IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C). UNDER THE SECOND PLAN, 10% OF THE PRESIDENT'S COMBINED BASE SALARY AND BONUS LESS THE PRESIDENT'S SECTION 401(A) CONTRIBUTION FOR THE YEAR IS DEFERRED SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, AND SCHEDULED TO VEST (PLUS INTEREST) AND BE PAYABLE IN 2024. THE PLAN WAS EFFECTIVE STARTING IN DECEMBER 2021. A RATABLE ACCRUAL OF \$68,282 FROM THE CALENDAR YEAR IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C). JAMES M. STATEN: DURING CALENDAR YEAR 2021, SENIOR VICE PRESIDENT, FINANCE AND CFO, PARTICIPATED IN A RETENTION PROGRAM. A PAYMENT IN THE TOTAL AMOUNT OF \$500,000 (ACCRUED AT \$100,000 PER YEAR) VESTED AND WAS PAYABLE IN CALENDAR YEAR 2021 AND HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III). THIS PLAN WAS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. CHARLES ZUKOSKI: DURING CALENDAR YEAR 2021, PROVOST AND SENIOR VICE PRESIDENT, ACADEMIC AFFAIRS, PARTICIPATED IN A RETENTION PROGRAM. A PAYMENT OF \$500,000 (ACCRUING AT \$100,000 PER YEAR) IS SCHEDULED TO VEST AND BE PAYABLE IN 2024 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. AN ACCRUAL OF \$100,000 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). AS CHARLES ZUKOSKI STEPPED DOWN FROM HIS OFFICER POSITION AT THE UNIVERSITY ON JANUARY 1, 2023, HE WILL NOT RECEIVE A CALENDAR YEAR 2023 ACCRUAL OR A 2024 PAYMENT UNDER THIS RETENTION PROGRAM. BEONG-SOO KIM: DURING CALENDAR YEAR 2021, SENIOR VICE PRESIDENT & GENERAL COUNSEL, PARTICIPATED IN A RETENTION PROGRAM. A PAYMENT OF \$1,000,000 (ACCRUING AT \$100,000 PER YEAR) IS SCHEDULED TO VEST AND BE PAYABLE IN 2030 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. AN ACCRUAL OF \$100,000 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). FELICIA A. WASHINGTON: DURING CALENDAR YEAR 2021, SVP, HUMAN RESOURCES, PARTICIPATED IN A RETENTION PROGRAM. A PAYMENT OF \$200,000 (ACCRUING AT \$100,000 PER YEAR) IS SCHEDULED TO VEST AND BE PAYABLE IN 2022 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. AN ACCRUAL OF \$100,000 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). GEOFFREY GARRETT: UNDER HIS EMPLOYMENT AGREEMENT, DEAN, MARSHALL SCHOOL OF BUSINESS, WAS ENTITLED TO A BONUS IN A GUARANTEED AMOUNT OF \$150,000 DURING CALENDAR YEAR 2021 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE AND WILL RECEIVE ANOTHER BONUS IN A GUARANTEED AMOUNT OF \$150,000 IN CALENDAR YEAR 2022 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THE 2021 PAYMENT AMOUNT HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(II). FOR THE 2022 PAYMENT, A RATABLE ACCRUAL OF \$50,000 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). STEVEN D. SHAPIRO: UNDER HIS EMPLOYMENT AGREEMENT, THE SENIOR VICE PRESIDENT OF HEALTH AFFAIRS WILL RECEIVE TWO BONUSES IN GUARANTEED AMOUNTS. A PAYMENT OF \$1,000,000 IS SCHEDULED TO VEST AND BE PAYABLE IN JUNE 2022. ANOTHER PAYMENT OF AT LEAST \$750,000 IS SCHEDULED TO VEST AND BE PAYABLE IN 2023. THE BONUSES ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. A RATABLE ACCRUAL OF \$859,375 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). ROD HANNERS: DURING CALENDAR YEAR 2021, CEO OF KECK MEDICINE OF USC, PARTICIPATED IN A RETENTION PROGRAM. A PAYMENT OF \$250,000 VESTED IN DECEMBER 2021 AND IS SCHEDULED TO BE PAID IN FEBRUARY 2022. ANOTHER PAYMENT OF \$250,000 IS SCHEDULED TO VEST IN DECEMBER 2022 AND BE PAYABLE IN JANUARY 2023. THE RETENTION AWARDS ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. A RATABLE ACCRUAL OF \$37,500 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). AMY DIAMOND: UNDER HER EMPLOYMENT AGREEMENT, THE CHIEF INVESTMENT OFFICER WAS ENTITLED TO A BONUS IN A GUARANTEED AMOUNT OF \$672,917 DURING CALENDAR YEAR 2021 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE AND WILL RECEIVE ANOTHER BONUS IN A GUARANTEED AMOUNT OF AT LEAST \$475,000 IN CALENDAR YEAR 2022 SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THE 2021 PAYMENT HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(II). FOR THE 2022 PAYMENT, A RATABLE ACCRUAL OF \$237,500 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). THE CHIEF INVESTMENT OFFICER IS ELIGIBLE TO RECEIVE AN ANNUAL AWARD DETERMINED BY PERFORMANCE AGAINST PRE-DESIGNATED TARGET BENCHMARKS. FIFTY PERCENT OF EACH ANNUAL INCENTIVE AWARD IS DEFERRED AND PAID AT THE END OF A TWO-YEAR DEFERRAL PERIOD AND IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THE PLAN IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE. THERE WERE NO ACCRUALS DURING CALENDAR YEAR 2021. LOUIS VANDERMOLLEN: DURING CALENDAR YEAR 2021, PROFESSOR OF CLINICAL MEDICINE, PARTICIPATED IN A RETENTION PROGRAM. A TOTAL OF \$500,000 IS SCHEDULED TO VEST AND BE PAYABLE AT \$100,000 PER YEAR FOR FIVE YEARS STARTING IN 2022 AND IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. FOR CALENDAR YEAR 2021, A RATABLE ACCRUAL OF \$18,267 HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN (C). OTHER: IN 1994 USC CREATED A 457(F) SUPPLEMENTAL RETIREMENT PLAN TO PROVIDE MAKE-UP BENEFITS TO EMPLOYEES WHOSE COMPENSATION EXCEEDED THE EARNINGS LIMITATION FOR CONTRIBUTIONS TO THE USC DEFINED CONTRIBUTION RETIREMENT PLAN. AS OF JANUARY 1, 2005, THE PLAN WAS FROZEN AND PARTICIPANTS, WITH RESPECT TO FUTURE MAKE-UP BENEFITS, WERE NO LONGER PERMITTED TO DEFER THESE BENEFITS.</p> |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 7: | CERTAIN INDIVIDUALS LISTED IN SCHEDULE J, PART II RECEIVED A MERIT BASED BONUS AND THE AMOUNT OF SUCH BONUSES ARE SHOWN ON SCHEDULE J, PART II, COLUMN (B)(II). SEE ALSO LINE 4B DISCLOSURE FOR AMY DIAMOND. |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 8: | THE CHIEF INVESTMENT OFFICER IS SERVING UNDER HER INITIAL CONTRACT WITH THE UNIVERSITY. |

| (A) Name and Title | | (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|---|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 21 Vaughn Starnes MD CHAIR & DIST PROF SURGERY | (i) | 3,096,988 | 0 | 282,997 | 14,500 | 42,496 | 3,436,981 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 Louis A Vandermolen MD Professor of Clinical Medicine | (i) | 2,460,460 | 300,000 | 247,800 | 32,767 | 7,564 | 3,048,591 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 David Brown SEE SCHEDULE O FOR TITLE | (i) | 300,198 | 0 | 2,682 | 14,500 | 43,272 | 360,652 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 Dani Byrd SEE SCHEDULE O FOR TITLE | (i) | 261,183 | 0 | 5,000 | 14,011 | 41,352 | 321,546 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Elizabeth Graddy SEE SCHEDULE O FOR TITLE | (i) | 384,683 | 50,000 | 37,488 | 14,500 | 14,134 | 500,805 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 Gareth James SEE SCHEDULE O FOR TITLE | (i) | 572,383 | 7,500 | 51,148 | 14,500 | 4,931 | 650,462 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 Lisa Mazzocco SEE SCHEDULE O FOR TITLE | (i) | 0 | 0 | 400,000 | 0 | 0 | 400,000 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 LAURA MOSQUEDA SEE SCHEDULE O FOR TITLE | (i) | 855,177 | 125,000 | 69,924 | 14,500 | 23,698 | 1,088,299 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 Chrysostomos L Nikias SEE SCHEDULE O FOR TITLE | (i) | 610,068 | 0 | 662,832 | 14,500 | 14,470 | 1,301,870 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 Glenn Osaki SEE SCHEDULE O FOR TITLE | (i) | 334,241 | 0 | 572,050 | 14,010 | 40,677 | 960,978 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 Michael Quick SEE SCHEDULE O FOR TITLE | (i) | 573,112 | 0 | 50,641 | 14,500 | 10,644 | 648,897 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

| | |
|---|---|
| Name of the organization University of Southern California | Employer identification number 95-1642394 |
|---|---|

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| See Additional Data Table | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.
Total Complete if the organization answered "Yes" on Form 990, Part IV, line 27, or 30a.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) ALEXANDRA GRADDY-REED | DAUGHTER OF FORMER OFFICER | 173,148 | USC EMPLOYEE | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
| | |

Additional Data**Software ID:****Software Version:****EIN:** 95-1642394**Name:** University of Southern California**Form 990, Schedule L, Part II - Loans to and from Interested Persons**

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| (1) AMBER MILLER | EMPLOYEE | HOUSING LOAN | | X | 500,000 | 250,000 | | No | Yes | | Yes | |
| (1) AMBER MILLER | EMPLOYEE | HOUSING LOAN | | X | 500,000 | 424,646 | | No | Yes | | Yes | |
| (2) CL NIKIAS | EMPLOYEE | HOUSING LOAN | | X | 3,000,000 | 1,500,000 | | No | Yes | | Yes | |
| (3) TRACEY VRANICH | EMPLOYEE | HOUSING LOAN | | X | 250,000 | 219,687 | | No | Yes | | Yes | |
| (4) TRACEY VRANICH | EMPLOYEE | HOUSING LOAN | | X | 250,000 | 183,336 | | No | Yes | | Yes | |
| (5) AMY DIAMOND | EMPLOYEE | HOUSING LOAN | | X | 1,000,000 | 1,000,000 | | No | Yes | | Yes | |
| (6) CHARLES ZUKOSKI | EMPLOYEE | HOUSING LOAN | | X | 1,000,000 | 800,000 | | No | Yes | | Yes | |
| (7) GEOFFREY GARRETT | EMPLOYEE | HOUSING LOAN | | X | 750,000 | 675,000 | | No | Yes | | Yes | |
| (8) KYLE HENLEY | EMPLOYEE | HOUSING LOAN | | X | 500,000 | 486,675 | | No | Yes | | Yes | |
| (9) KYLE HENLEY | EMPLOYEE | HOUSING LOAN | | X | 500,000 | 500,000 | | No | Yes | | Yes | |
| (10) STEVE SHAPIRO | EMPLOYEE | HOUSING LOAN | | X | 1,500,000 | 1,466,232 | | No | Yes | | Yes | |
| (11) STEVE SHAPIRO | EMPLOYEE | HOUSING LOAN | | X | 1,500,000 | 1,500,000 | | No | Yes | | Yes | |
| (12) FELICIA WASHINGTON | EMPLOYEE | HOUSING LOAN | | X | 1,500,000 | 1,484,728 | | No | Yes | | Yes | |
| (13) FELICIA WASHINGTON | EMPLOYEE | HOUSING LOAN | | X | 1,220,000 | 1,220,000 | | No | Yes | | Yes | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Southern California

Employer identification number
95-1642394

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|----------------------------|---|--|---|
| 1 Art—Works of art | X | 1 | 14,500 | APPRAISED VALUE |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 255 | 28,047,334 | HIGH-LOW AVERAGE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (<u>EQUIPMENT</u>) | X | 3 | 144,593 | FMV |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 7

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | No |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | Yes | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|---------------------|---|
| PART I, COLUMN(B): | THE ORGANIZATION IS REPORTING: THE NUMBER OF ITEMS RECEIVED FOR LINE 1, ART - WORKS OF ART; THE NUMBER OF DONATIONS RECEIVED FOR LINE 9, SECURITIES - PUBLICLY TRADED; AND THE NUMBER OF ITEMS RECEIVED FOR LINE 25, EQUIPMENT. |
| PART I, LINE 32(A): | THE UNIVERSITY OF SOUTHERN CALIFORNIA UTILIZES BROKERAGE FIRMS TO SELL NON-CASH CONTRIBUTIONS THAT THE UNIVERSITY RECEIVES AS GIFTS AND THE PROCEEDS ARE REMITTED BACK TO THE UNIVERSITY. |

SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
University of Southern California

Employer identification number

95-1642394

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART I, LINE 1 AND PART III, LINE 1: | <p>THE CENTRAL MISSION OF THE UNIVERSITY OF SOUTHERN CALIFORNIA IS THE DEVELOPMENT OF HUMAN BEINGS AND SOCIETY AS A WHOLE THROUGH THE CULTIVATION AND ENRICHMENT OF THE HUMAN MIND AND SPIRIT. THE PRINCIPAL MEANS BY WHICH OUR MISSION IS ACCOMPLISHED ARE TEACHING, RESEARCH, ARTISTIC CREATION, PROFESSIONAL PRACTICE, AND SELECTED FORMS OF PUBLIC SERVICE. OUR FIRST PRIORITY AS FACULTY AND STAFF IS THE EDUCATION OF OUR STUDENTS, FROM FRESHMEN TO POSTDOCTORALS, THROUGH A BROAD ARRAY OF ACADEMIC, PROFESSIONAL, EXTRACURRICULAR, AND ATHLETIC PROGRAMS OF THE FIRST RANK. THE INTEGRATION OF LIBERAL AND PROFESSIONAL LEARNING IS ONE OF USC'S SPECIAL STRENGTHS. WE STRIVE CONSTANTLY FOR EXCELLENCE IN TEACHING KNOWLEDGE AND SKILLS TO OUR STUDENTS, WHILE AT THE SAME TIME HELPING THEM TO ACQUIRE WISDOM AND INSIGHT, LOVE OF TRUTH AND BEAUTY, MORAL DISCERNMENT, UNDERSTANDING OF SELF, AND RESPECT AND APPRECIATION FOR OTHERS. RESEARCH OF THE HIGHEST QUALITY BY OUR FACULTY AND STUDENTS IS FUNDAMENTAL TO OUR MISSION. USC IS ONE OF A VERY SMALL NUMBER OF PREMIER ACADEMIC INSTITUTIONS IN WHICH RESEARCH AND TEACHING ARE INEXTRICABLY INTERTWINED, AND ON WHICH THE NATION DEPENDS FOR A STEADY STREAM OF NEW KNOWLEDGE, ART, AND TECHNOLOGY. OUR FACULTY ARE NOT SIMPLY TEACHERS OF THE WORKS OF OTHERS, BUT ACTIVE CONTRIBUTORS TO WHAT IS TAUGHT, THOUGHT, AND PRACTICED THROUGHOUT THE WORLD. USC IS PLURALISTIC, WELCOMING OUTSTANDING MEN AND WOMEN OF EVERY RACE, CREED, AND BACKGROUND. WE ARE A GLOBAL INSTITUTION IN A GLOBAL CENTER, ATTRACTING MORE INTERNATIONAL STUDENTS OVER THE YEARS THAN ANY OTHER AMERICAN UNIVERSITY. AND WE ARE PRIVATE, UNFETTERED BY POLITICAL CONTROL, STRONGLY COMMITTED TO ACADEMIC FREEDOM, AND PROUD OF OUR ENTREPRENEURIAL HERITAGE. AN EXTRAORDINARY CLOSENESS AND WILLINGNESS TO HELP ONE ANOTHER ARE EVIDENT AMONG USC STUDENTS, ALUMNI, FACULTY, AND STAFF; INDEED, FOR THOSE WITHIN ITS COMPASS THE TROJAN FAMILY IS A GENUINELY SUPPORTIVE COMMUNITY. ALUMNI, TRUSTEES, VOLUNTEERS, AND FRIENDS OF USC ARE ESSENTIAL TO THIS FAMILY TRADITION, PROVIDING GENEROUS FINANCIAL SUPPORT, PARTICIPATING IN UNIVERSITY GOVERNANCE, AND ASSISTING STUDENTS AT EVERY TURN. IN OUR SURROUNDING NEIGHBORHOODS AND AROUND THE GLOBE, USC PROVIDES PUBLIC LEADERSHIP AND PUBLIC SERVICE IN SUCH DIVERSE FIELDS AS HEALTH CARE, ECONOMIC DEVELOPMENT, SOCIAL WELFARE, SCIENTIFIC RESEARCH, PUBLIC POLICY, AND THE ARTS. WE ALSO SERVE THE PUBLIC INTEREST BY BEING THE LARGEST PRIVATE EMPLOYER IN THE CITY OF LOS ANGELES, AS WELL AS THE CITY'S LARGEST EXPORT INDUSTRY IN THE PRIVATE SECTOR. USC HAS PLAYED A MAJOR ROLE IN THE DEVELOPMENT OF SOUTHERN CALIFORNIA FOR MORE THAN A CENTURY AND PLAYS AN INCREASINGLY IMPORTANT ROLE IN THE DEVELOPMENT OF THE NATION AND THE WORLD. WE EXPECT TO CONTINUE TO PLAY THESE ROLES FOR MANY CENTURIES TO COME. THUS OUR PLANNING, COMMITMENTS AND FISCAL POLICIES ARE DIRECTED TOWARD BUILDING QUALITY AND EXCELLENCE IN THE LONG TERM.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990, PART I, LINE 6: | THE UNIVERSITY OF SOUTHERN CALIFORNIA HAS MANY VOLUNTEERS INCLUDING TRUSTEES, BUT DOES NOT FORMALLY TRACK THIS POPULATION. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| FORM 990, PART IV, LINE 20A: | AS OF JANUARY 1, 2021, THE UNIVERSITY TRANSFERRED HOSPITAL OPERATIONS TO CONTROLLED AFFILIATES, WHICH ARE SEPARATE 501(C)(3) ORGANIZATIONS FORMED FOR THE PURPOSE OF OPERATING THE HOSPITALS, WHICH WERE PREVIOUSLY OPERATED AS DIVISIONS OF THE UNIVERSITY. EFFECTIVE WITH TRANSFER OF THE HOSPITAL LICENSES FROM THE UNIVERSITY: -KECK MEDICAL CENTER OF USC OPERATES BOTH KECK HOSPITAL AND NORRIS HOSPITAL, AND -USC VERDUGO HILLS HOSPITAL OPERATES VERDUGO HILLS HOSPITAL. AS THE HOSPITAL LICENSES WERE NOT HELD BY THE UNIVERSITY FOR ANY PORTION OF THE YEAR ENDED JUNE 30, 2022, THE FINANCIAL ACTIVITIES OF THE HOSPITALS MENTIONED ABOVE ARE NO LONGER REFLECTED IN USC'S FORM 990 AND THE UNIVERSITY IS NO LONGER REQUIRED TO FILE SCHEDULE H. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| FORM 990, PART VI, LINE 1: | THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IS CHAIRED BY THE CHAIRMAN OF THE BOARD AND CONSISTS OF NO LESS THAN SEVEN AND NO MORE THAN TWENTY-FIVE VOTING MEMBERS OF THE BOARD. THE COMMITTEE IS ELECTED EACH YEAR BY THE BOARD OF TRUSTEES. WHEN THE BOARD IS NOT IN SESSION, THE EXECUTIVE COMMITTEE HAS ALL OF THE POWER AND AUTHORITY OF THE BOARD, EXCEPT THAT THE EXECUTIVE COMMITTEE IS NOT EMPOWERED TO: (I) FILL VACANCIES ON THE BOARD OR ON ANY COMMITTEE THAT HAS THE AUTHORITY OF THE BOARD; (II) FIX THE COMPENSATION OF THE BOARD MEMBERS FOR THEIR SERVICE AS MEMBERS OF THE BOARD OR ANY COMMITTEE; (III) AMEND OR REPEAL THE UNIVERSITY'S BYLAWS OR ADOPT NEW BYLAWS; (IV) AMEND OR REPEAL ANY RESOLUTION OF THE BOARD WHICH BY ITS EXPRESS TERMS CANNOT BE SO AMENDED OR REPEALED; (V) APPOINT COMMITTEES OF THE BOARD OR THE MEMBERS THEREOF; (VI) AUTHORIZE THE EXPENDITURE OF CORPORATE FUNDS TO SUPPORT A NOMINEE FOR BOARD MEMBERSHIP AFTER THERE ARE MORE PEOPLE NOMINATED FOR BOARD MEMBERSHIP THAN CAN BE ELECTED; OR (VII) APPROVE ANY SELF-DEALING TRANSACTION EXCEPT AS PROVIDED BY LAW. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART VI, LINE 2: | OFFICERS, TRUSTEES AND KEY EMPLOYEES SIT ON THE BOARD OF THE MAY DEWRIGHT TRUST: JAMES M. STATEN NARSING RAO SUZANNE NORA JOHNSON RICK J. CARUSO USC TRUSTEE ROBERT A. BRADWAY AND USC TRUSTEE RONALD D. SUGAR HAVE A BUSINESS RELATIONSHIP. USC TRUSTEE MARC R. BENIOFF AND USC TRUSTEE OSCAR MUNOZ HAVE A BUSINESS RELATIONSHIP. USC TRUSTEE STANELY P. GOLD AND USC TRUSTEE JEFFREY H. SMULYAN HAVE A BUSINESS RELATIONSHIP. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------|--|
| FORM 990, PART VI, LINE 4: | ON DECEMBER 8, 2021, THE ORGANIZATION'S BYLAWS WERE AMENDED TO ADD THE COMPENSATION COMMITTEE AS ONE OF THE ORGANIZATION'S TEN STANDING COMMITTEES OF THE BOARD. SEE PART VI LINE 15 FOR FURTHER DETAIL REGARDING THE POWERS AND DUTIES OF THE COMPENSATION COMMITTEE. ON JUNE 16, 2022, THE ORGANIZATION'S BYLAWS WERE AMENDED TO (I) CHANGE THE EFFECTIVE DATE OF TRUSTEE TERM AND AGE LIMITS AND (II) PROVIDE THAT THE ACADEMIC OFFICERS WHO WERE PREVIOUSLY SUBJECT TO THE IMMEDIATE DIRECTION OF ONLY THE PROVOST AND SENIOR VICE PRESIDENT, ACADEMIC AFFAIRS MAY ALSO OR INSTEAD BE SUBJECT TO IMMEDIATE DIRECTION OF THE SENIOR VICE PRESIDENT, HEALTH AFFAIRS AND (III) TO PROVIDE THAT THE SVP, HEALTH AFFAIRS WOULD ATTEND MEETINGS OF THE ACADEMIC AFFAIRS COMMITTEE AND THE STUDENT AFFAIRS COMMITTEE. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------|--|
| FORM 990, PART VI, LINE 11(B): | THE UNIVERSITY OF SOUTHERN CALIFORNIA'S FORM 990 IS REVIEWED AT SEVERAL LEVELS. THE UNIVERSITY ENGAGES AN EXTERNAL PUBLIC ACCOUNTING FIRM TO ASSIST IN THE PREPARATION AND REVIEW OF ITS FORM 990 AND TO SIGN AS PAID PREPARER. AMONG THOSE WHO CONDUCT THE REVIEW OF THE FINAL FORM 990 AT THE UNIVERSITY INCLUDE MANAGEMENT, EXTERNAL COUNSEL, AND THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES. THE REVIEW OF FORM 990 IS CONDUCTED PRIOR TO IT BEING FILED AND A FINAL COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES BEFORE IT IS FILED. |

990 Schedule O, Organizational Information

| Return Reference | Explanation |
|-----------------------------|---|
| FORM 990, PART VI, LINE 12: | <p>THE UNIVERSITY HAS A CONFLICT OF INTEREST IN PROFESSIONAL AND BUSINESS PRACTICES POLICY AND PROCEDURE WHICH COVERS ALL COVERED EMPLOYEES AND THEIR CLOSE RELATIONS. A "COVERED EMPLOYEE" MEANS ALL FACULTY MEMBERS (INCLUDING PART-TIME AND VISITING FACULTY), STAFF AND OTHER EMPLOYEES (SUCH AS POSTDOCTORAL SCHOLARS), AND STUDENTS (INCLUDING POSTDOCTORAL FELLOWS AND GRADUATE STUDENTS) EMPLOYED OR OTHERWISE ENGAGED BY THE UNIVERSITY. THE POLICY CONTINUES TO APPLY TO COVERED EMPLOYEES WHILE ON SABBATICAL OR OTHER LEAVES OR ON VACATION, WHILE VISITING OTHER INSTITUTIONS, AND WHILE CONSULTING WITH EXTERNAL ENTITIES. A "CLOSE RELATION" MEANS SPOUSES, DOMESTIC PARTNERS, AND PARENTS, CHILDREN, SIBLINGS, AND EACH OF THEIR RESPECTIVE SPOUSES OR DOMESTIC PARTNERS. EACH COVERED EMPLOYEE OWES PROFESSIONAL LOYALTY TO THE UNIVERSITY AND MUST BE ALERT TO THE POSSIBILITY THAT OUTSIDE OBLIGATIONS, FINANCIAL INTERESTS, EMPLOYMENT, AND CERTAIN FAMILY OR INTIMATE RELATIONSHIPS CAN AFFECT THAT COMMITMENT. THEREFORE, ALL COVERED EMPLOYEES ARE RESPONSIBLE FOR DETERMINING WHETHER THEY, OR THEIR CLOSE RELATIONS, HAVE A CONFLICT OF INTEREST OR COMMITMENT COVERED BY THIS POLICY. BECAUSE NO POLICY CAN ANTICIPATE THE FULL RANGE OF OUTSIDE RELATIONSHIPS AND ACTIVITIES THAT MAY GIVE RISE TO CONFLICTS OF INTEREST OR COMMITMENT, COVERED EMPLOYEES MUST DISCLOSE ANY OUTSIDE RELATIONSHIP OR ACTIVITY THAT MAY GIVE THE APPEARANCE OF A CONFLICT AS SOON AS FEASIBLE AFTER DISCOVERY OF THE CONFLICT. THE UNIVERSITY MUST DETERMINE WHETHER A CONFLICT OF INTEREST AND/OR COMMITMENT IS MANAGEABLE BEFORE A COVERED EMPLOYEE IS ALLOWED TO UNDERTAKE THE ACTIVITY GIVING RISE TO THE CONFLICT. THE COVERED EMPLOYEE MUST COMPLY WITH ALL MEASURES PUT IN PLACE TO MANAGE, REDUCE, OR ELIMINATE CONFLICTS OF INTEREST. THIS INCLUDES ANY REQUIREMENT THAT THE COVERED EMPLOYEE PROVIDE A FOLLOW-UP DISCLOSURE AT A REASONABLE TIME INTERVAL TO PROVIDE AN UPDATE ON THE STATUS OF THE CONFLICT OF INTEREST OR COMMITMENT, AND HIS OR HER COMPLIANCE WITH THE MEASURES PUT IN PLACE TO MANAGE THE CONFLICT. ALL DISCLOSURES AS WELL AS DECISIONS ON HOW TO MANAGE THE CONFLICT SHOULD BE DOCUMENTED AND MAINTAINED BY THE PERSON OR COMMITTEE TO WHOM DISCLOSURE IS MADE, AS PROVIDED FOR IN THE POLICY. THE POLICY DOES NOT PRECLUDE THE SENIOR VICE PRESIDENT, PROVOST, OR DEAN, AS APPROPRIATE, FROM REQUIRING A COVERED EMPLOYEE TO PROVIDE ADDITIONAL CONFLICT OF INTEREST OR COMMITMENT INFORMATION OR TO DO SO ON A MORE FREQUENT BASIS (E.G., BI-ANNUALLY). IF A COVERED EMPLOYEE HAS ANY QUESTIONS ABOUT WHETHER AN OUTSIDE ACTIVITY MUST BE DISCLOSED, THE COVERED EMPLOYEE SHOULD CONSULT WITH HIS OR HER SUPERVISOR OR CONTACT THE OFFICE OF COMPLIANCE FOR GUIDANCE. SUPERVISORS WHO BECOME AWARE THAT COVERED EMPLOYEES UNDER THEIR SUPERVISION HAVE CONFLICTS OF INTEREST OR COMMITMENT COVERED BY THIS POLICY ARE OBLIGATED TO ENSURE THAT THE CONFLICT IS APPROPRIATELY DISCLOSED. IN ADDITION TO THE PROCEDURES SET FORTH IN THE UNIVERSITY'S CONFLICT OF INTEREST IN PRO</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------|---|
| <p>FORM 990, PART VI, LINE 12:</p> | <p>FESSIONAL AND BUSINESS PRACTICES POLICY, USC'S PROCUREMENT SERVICES DEPARTMENT MAY IDENTIFY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST OR COMMITMENT IN THE COURSE OF PERFORMING ITS DUTIES. IN THE EVENT THAT PROCUREMENT SERVICES IDENTIFIES AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST OR COMMITMENT, IT REQUIRES THE COVERED EMPLOYEE TO MAKE A DISCLOSURE UNDER THE CONFLICT OF INTEREST IN PROFESSIONAL AND BUSINESS PRACTICES POLICY, AND VERIFIES THAT ALL ACTUAL CONFLICTS ARE MANAGED BEFORE PROCEEDING. DEPENDING UPON THE CONFLICT, PROCUREMENT SERVICES MAY ALSO REFER THE ISSUE TO THE SENIOR VICE PRESIDENT FOR ADMINISTRATION OR HIS OR HER DESIGNEE, FOR RESOLUTION. PROCUREMENT SERVICES MAY SUSPEND ANY FURTHER ACTION ON THE REQUEST THAT INITIATED THE DISCLOSURE UNTIL SUCH TIME AS THE CONFLICT IS MANAGED. IN ADDITION TO THE PROCEDURES SET FORTH ABOVE, A UNIVERSITY FACULTY MEMBER OR NON-FACULTY EMPLOYEE IS REQUIRED TO OBTAIN THE PRIOR WRITTEN APPROVAL FROM THE PROVOST AND SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS OR SENIOR VICE PRESIDENT FOR ADMINISTRATION BEFORE HE OR SHE MAY ENDORSE OR AUTHORIZE ENDORSEMENT OF ANY PRODUCT OR SERVICE ON BEHALF OF THE UNIVERSITY. FAILURE TO DISCLOSE AND MANAGE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST UNDER THIS POLICY, INCLUDING THE EXPECTATIONS DETAILED ABOVE ABOUT WHAT AN INDIVIDUAL SHOULD OR SHOULD NOT DO, MAY BE CAUSE FOR DISCIPLINARY ACTION, WHICH MAY RESULT IN DISCIPLINE, UP THROUGH AND INCLUDING TERMINATION. FOR FACULTY, SUCH ACTION SHALL OBSERVE ALL PROVISIONS OF THE POLICIES PUBLISHED IN THE FACULTY HANDBOOK. ANY DISCIPLINARY ACTION AGAINST A FACULTY MEMBER OR NON-FACULTY EMPLOYEE UNDER THIS POLICY MUST TAKE INTO ACCOUNT THE SCALE OF THE OFFENSE, THE INDIVIDUAL'S INTENT, AND THE DEGREE OF WRONGDOING. THE UNIVERSITY MAINTAINS A CONFLICT OF INTEREST POLICY FOR MEMBERS OF THE BOARD OF TRUSTEES. IN GENERAL, THE POLICY REQUIRES THAT A TRUSTEE MUST AVOID USING HIS OR HER POSITION FOR PERSONAL GAIN OR ADVANTAGE, OR TO OBTAIN A FAVORED STATUS FOR ANY SPECIAL GROUP, BUSINESS, OR FAMILY ENTITY WITH WHICH THE TRUSTEE IS AFFILIATED. THE POLICY APPLIES TO ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES. A TRUSTEE WILL CONTINUE TO BE SUBJECT TO THE POLICY FOR FIVE YEARS AFTER LEAVING THE BOARD. IF A TRUSTEE BECOMES AWARE OF A FINANCIAL INTEREST THAT MAY BE MATERIAL, HE OR SHE IS REQUIRED TO IMMEDIATELY DISCLOSE THAT FINANCIAL INTEREST TO THE CHAIRMAN OF THE BOARD. SUCH DISCLOSURE IS IN ADDITION TO THE REQUIRED ANNUAL DISCLOSURES. - AFTER CONDUCTING A REASONABLE INVESTIGATION UNDER THE CIRCUMSTANCES, WHICH SHOULD INCLUDE AN ANALYSIS OF COMPARABLE ARRANGEMENTS OR TRANSACTIONS OR THE RECEIPT OF AN OPINION FROM AN EXPERT IN THE RELEVANT FIELD, THE BOARD SHOULD DETERMINE IN GOOD FAITH WHETHER USC COULD OBTAIN A MORE ADVANTAGEOUS FINANCIAL ARRANGEMENT OR TRANSACTION WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. - IN ADDITION, THE BOARD SHOULD DETERMINE BY A MAJORITY VOTE OF THE DISINTERE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|--|
| FORM 990, PART VI, LINE 12: | STED MEMBERS, WITH KNOWLEDGE OF THE MATERIAL FACTS CONCERNING THE FINANCIAL ARRANGEMENT OR TRANSACTION AND THE TRUSTEE'S FINANCIAL INTEREST IN THE ARRANGEMENT OR TRANSACTION, WHETHER THE ARRANGEMENT OR TRANSACTION IS IN USC'S BEST INTEREST, FOR ITS OWN BENEFIT AND IS FAIR AND REASONABLE TO USC. THE BOARD SHOULD MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE ARRANGEMENT OR TRANSACTION IN CONFORMITY WITH SUCH DETERMINATION. - SHOULD THE BOARD APPROVE THE FINANCIAL ARRANGEMENT OR TRANSACTION IN QUESTION, THE TRUSTEE WHO HAS A CONFLICT OF INTEREST WILL BE REQUIRED TO ACT IN GOOD FAITH AND WITH FAIRNESS, AND TO REFRAIN FROM EXERTING UNDUE PRESSURE OR INFLUENCE. IN THE BOARD'S DISCRETION, IT MAY ALSO REQUIRE SUCH TRUSTEE TO BE SUBJECT TO THE OVERSIGHT OF A DISINTERESTED TRUSTEE. THIS POLICY HAS BEEN APPROVED BY THE BOARD. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART VI, LINE 15: | THE COMPENSATION OF THE UNIVERSITY'S PRESIDENT, OFFICERS AND KEY EMPLOYEES IS DETERMINED ANNUALLY USING THE SAFE HARBOR PROCESS DESCRIBED IN TREASURY REGULATION SECTION 53.4958-6. NAMELY, A COMMITTEE OF THE UNIVERSITY'S BOARD OF TRUSTEES TAKES THE FOLLOWING THREE STEPS: (1) IT ENSURES THAT NO MEMBER OF THE COMMITTEE HAS A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT BEING REVIEWED, (2) IT LOOKS TO COMPARABILITY DATA AND SPECIALIZED COMPENSATION REPORTS (AND IN SOME CASES OPINIONS) PREPARED FOR THE UNIVERSITY BY INDEPENDENT COMPENSATION CONSULTANTS WITH RESPECT TO SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED UNIVERSITIES, AND (3) IT MAINTAINS A CONTEMPORANEOUS RECORD OF ITS DELIBERATIONS AND DECISIONS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART VI, LINE 19: | THE UNIVERSITY MAKES ITS BYLAWS, FINANCIAL STATEMENTS/ANNUAL REPORT, CONFLICT OF INTEREST IN PROFESSIONAL AND BUSINESS PRACTICES, AND CONFLICT OF INTEREST IN RESEARCH POLICIES AVAILABLE TO THE GENERAL PUBLIC ON THE ORGANIZATION'S WEBSITE. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------|---|
| FORM 990, PART VII, SECTION A: | THE 2 HOURS NOTED FOR EACH TRUSTEE REPRESENTS A STANDARD ESTIMATE OF HOURS DEVOTED TO SERVING AS TRUSTEE. THE TITLE FOR STEVEN D. SHAPIRO IS SENIOR VICE PRESIDENT, HEALTH AFFAIRS; AND INTERIM DEAN, KECK SCHOOL OF MEDICINE OF USC (AS OF 7/1/2021). THE TITLE FOR CHRYSOSTOMOS L. NIKIAS IS FORMER PRESIDENT (UNTIL 8/7/18) AND PROFESSOR OF ENGINEERING AND CLASSICS. THE TITLE FOR CHARLES F. ZUKOSKI IS PROVOST AND SENIOR VICE PRESIDENT, ACADEMIC AFFAIRS. THE TITLE FOR LAURA MOSQUEDA IS FORMER DEAN, KECK SCHOOL OF MEDICINE OF USC (UNTIL 9/15/2020); AND PROFESSOR OF FAMILY MEDICINE AND GERIATRICS, KECK SCHOOL OF MEDICINE OF USC (AS OF 9/16/2020). THE TITLE FOR GLENN OSAKI IS FORMER SENIOR VICE PRESIDENT AND CHIEF COMMUNICATIONS OFFICER (UNTIL 3/14/21) AND SENIOR ADVISOR, INTERNATIONAL MARKETING AND COMMUNICATIONS (AS OF 3/15/21). THE TITLE FOR TRACEY VRANICH IS INTERIM SENIOR VICE PRESIDENT, UNIVERSITY ADVANCEMENT. THE TITLE FOR AMBER MILLER IS DEAN, USC DORNSIFE COLLEGE OF LETTERS, ARTS AND SCIENCES. THE TITLE FOR GARETH JAMES IS FORMER INTERIM DEAN, USC MARSHALL SCHOOL OF BUSINESS (AS OF 7/1/19 UNTIL 6/30/20). THE TITLE FOR MICHAEL QUICK IS FORMER PROVOST & SENIOR VICE PRESIDENT, ACADEMIC AFFAIRS (UNTIL 6/30/19). THE TITLE FOR ELIZABETH GRADY IS FORMER INTERIM PROVOST AND SVP, ACADEMIC AFFAIRS (AS OF 7/1/19 UNTIL 9/30/19). THE TITLE FOR LISA MAZZOCCO IS FORMER CHIEF INVESTMENT OFFICER (UNTIL 10/14/20) AND FORMER SPECIAL ADVISOR TO THE PRESIDENT (AS OF 10/15/20 UNTIL 12/31/20). THE TITLE FOR DAVID BROWN IS FORMER INTERIM SENIOR VICE PRESIDENT, UNIVERSITY RELATIONS (UNTIL 2/10/20). THE TITLE FOR DANI BYRD IS FORMER INTERIM DEAN, USC DORNSIFE COLLEGE OF LETTERS, ARTS, AND SCIENCES (UNTIL 8/15/16). |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART XI, LINE 9: | ADJUSTMENT FOR FINANCIAL STATEMENT REVISIONS: (\$132,389,384) PRESENT VALUE ADJUSTMENT TO TRUST LIABILITY: \$869,988 ----- TOTAL (\$131,519,396) |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Southern California

Employer identification number

95-1642394

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) USC GATEWAY LLC UNIVERSITY GARDENS - UGB203 LOS ANGELES, CA 90089 20-2108058 | PROPERTY MGMT | CA | 0 | 0 | USC |
| (2) USC VERDUGO HILLS HOSPITAL LLC UNIVERSITY GARDENS - UGB205 LOS ANGELES, CA 90089 80-0912056 | ACUTE CARE | CA | 0 | 0 | USC |
| | | | | | |
| | | | | | |
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| | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| See Additional Data Table | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end- of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|---|--|--|---------------------------------|---|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) USCSCA SURGICAL HOLDINGS LLC 1510 SAN PABLO ST LOS ANGELES, CA 90033 | HOLDING COMPANY | CA | USC | RELATED | | | | | 0 | | | |
| (2) KECK MED OF USC AND HENRY MAYO NEWHALL 1441 Eastlake Ave LOS ANGELES, CA 90033 85-3779519 | HEALTHCARE SRVS | CA | NA | | | | | | 0 | | | |
| (3) SUMMERTIME APARTMENTS 3990 RUFFIN ROAD SUITE 100 SAN DIEGO, CA 92123 33-0167146 | HOUSING | CA | USC | RELATED | 159,972 | 3,822,214 | | No | 0 | No | | 64.350 % |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) MAY ROBERTS DEWRIGHT TRUST UNIVERSITY GARDENS - UGB203 LOS ANGELES, CA 900898003 95-6284845 | USC SUPPORT | CA | USC | T | 1,453,954 | 8,169,595 | 100.000 % | Yes | |
| (2) INTEGRATED DIGITAL ASSET CORPORATION UNIVERSITY GARDENS - UGB203 LOS ANGELES, CA 900898003 95-4680904 | 3RD PARTY CON | CA | USC | C | 0 | 0 | 100.000 % | Yes | |
| (3) CHARITABLE REMAINDER TRUST (389) SEE PART VII FOR COLUMN C SEE PART VII, CA 90089 | FUNDRAISING | | USC | T | | | | Yes | |
| (4) POOLED INCOME FUND (1) | FUNDRAISING | CA | USC | T | | | | Yes | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|------------|-----------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | Yes | |
| b Gift, grant, or capital contribution to related organization(s) | | No |
| c Gift, grant, or capital contribution from related organization(s) | Yes | |
| d Loans or loan guarantees to or for related organization(s) | | No |
| e Loans or loan guarantees by related organization(s) | | No |
| f Dividends from related organization(s) | | |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | Yes | |
| o Sharing of paid employees with related organization(s) | | No |
| p Reimbursement paid to related organization(s) for expenses | Yes | |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | Yes | |
| s Other transfer of cash or property from related organization(s) | | No |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| See Additional Data Table | | | |
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Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

| Return Reference | Explanation |
|-----------------------------|---|
| PART IV, LINE 4, COLUMN (C) | THE LEGAL DOMICILES OF THE CHARITABLE REMAINDER TRUSTS INCLUDE: CA, CO, FL, GA, HI, IN, MA, NV, PA, AND WA. |

Additional Data

Software ID:
Software Version:
EIN: 95-1642394
Name: University of Southern California

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| c/o USC UGB203 LOS ANGELES, CA 90089 95-4684347 | BIOMEDICAL | DE | 501(C)(3) | 12C | NA | | No |
| C/O USC UGB203 LOS ANGELES, CA 90089 95-4843260 | EDUC. MEDIA | CA | 501(C)(3) | 12A | USC | Yes | |
| C/O USC UGB203 LOS ANGELES, CA 90089 95-3168340 | USC SUPPORT | CA | 501(C)(3) | 12A | USC | Yes | |
| C/O USC UGB203 LOS ANGELES, CA 90089 95-6034304 | USC SUPPORT | CA | 501(C)(3) | 12A | USC | Yes | |
| 1510 SAN PABLO ST SUITE 649 LOS ANGELES, CA 90033 95-4540991 | MANAGED CARE | CA | 501(C)(3) | 10 | USC HEALTH | Yes | |
| C/O USC 650 W 35TH ST LOS ANGELES, CA 90089 95-4474965 | EDUC. MEDIA | CA | 501(C)(3) | 7 | USC | Yes | |
| 1350 TREAT BOULEVARD WALNUT CREEK, CA 94597 94-1459048 | USC SUPPORT | CA | 501(C)(3) | 12A | NA | | No |
| C/O R FOX 1500 MARKET STREET PHILADELPHIA, PA 19102 77-6216147 | USC SUPPORT | PA | 501(C)(3) | 12 | NA | | No |
| 1812 VERDUGO BLVD GLENDALE, CA 91208 95-3247823 | USC SUPPORT | CA | 501(C)(3) | 12A | VHH | Yes | |
| 1445 ROSS AVENUE STE 3800 DALLAS, TX 75202 31-1707979 | USC SUPPORT | TX | 501(C)(3) | 12C | NA | | No |
| UNIVERSITY GARDENS UGB203 LOS ANGELES, CA 90089 85-1454978 | USC SUPPORT | VT | 501(C)(3) | 12A | USC | Yes | |
| UNIVERSITY GARDENS UGB203 LOS ANGELES, CA 90089 85-1454519 | USC SUPPORT | VT | 501(C)(3) | 12A | USC | Yes | |
| UNIVERSITY GARDENS UGB203 LOS ANGELES, CA 90089 85-1472543 | USC SUPPORT | VT | 501(C)(3) | 12A | USC | Yes | |
| 1510 SAN PABLO STREET LOS ANGELES, CA 90089 85-0666499 | USC SUPPORT | CA | 501(C)(3) | 12A | USC | Yes | |
| 1510 SAN PABLO STREET LOS ANGELES, CA 90033 85-1644866 | HOSPITAL | CA | 501(C)(3) | 3 | USC HEALTH | Yes | |
| 1812 VERDUGO BOULEVARD GLENDALE, CA 91208 85-1634852 | HOSPITAL | CA | 501(C)(3) | 3 | USC HEALTH | Yes | |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|-------------------------------------|-------------------------------|---|
| USC CARE MEDICAL GROUP INC | P | 1,506,815 | FMV |
| USC CARE MEDICAL GROUP INC | N | 422,047 | FMV |
| USC CARE MEDICAL GROUP INC | M | 2,389,680 | FMV |
| KECK MEDICAL CENTER OF USC | P | 47,872,261 | FMV |
| KECK MEDICAL CENTER OF USC | N | 34,181,078 | FMV |
| KECK MEDICAL CENTER OF USC | R | 18,306,230 | FMV |
| KECK MEDICAL CENTER OF USC | M | 10,570,739 | FMV |
| VERDUGO HILLS HOSPITAL | P | 2,220,179 | FMV |
| VERDUGO HILLS HOSPITAL | M | 2,530,982 | FMV |
| DAVID X MARKS FOUNDATION | C | 1,631,600 | FMV |
| MAY ROBERTS DEWRIGHT TRUST | A | -2,175,971 | FMV |
| MAY ROBERTS DEWRIGHT TRUST | C | 855,342 | FMV |
| ALBEDO INSURANCE COMPANY IC | Q | 37,042,725 | FMV |