

			EXTENDED TO MAY 16, 202			OMB No. 1545-0047
For	m 9	90	Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			¹⁵⁾ 2020
			Do not enter social security numbers on this form as it	t may b	e made public.	Open to Public
Dep Inter	artment nal Reve	of the Treasury enue Service	► Go to www.irs.gov/Form990 for instructions and the	-	=	Inspection
Α	For th	e 2020 calend	ar year, or tax year beginning $ { m JUL} 1, 2020 $ and end	ling J	UN 30, 2021	
	Check if applicab	le: C Name or	forganization		D Employer identified	cation number
Г	Addre	usf	RESEARCH FOUNDATION, INC.			
Ē	Name	9	usiness as		59-29595	90
Ē	Initial			om/suite	E Telephone numbe	
	Final returr	3802	SPECTRUM BOULEVARD 10		(813) 97	
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	23,044,167.
	Amer returr	nded mam	A, FL 33612		H(a) Is this a group re	eturn
	Appli tion	^{ca-} F Name a	nd address of principal officer: DR • SYLVIA THOMAS		for subordinates	? Yes X No
	pend	SAME	AS C ABOVE		H(b) Are all subordinates ir	cluded? Yes No
		empt status:		527	If "No," attach a	list. See instructions
			RESEARCH.USF.EDU/RF		H(c) Group exemptio	
<u>K</u>	Form o		X Corporation Trust Association Other ►	L Year	of formation: 1989	A State of legal domicile: ${f FL}$
P	art I	Summary				
	1	Briefly describ	be the organization's mission or most significant activities: $\underline{ extsf{TO} \ \ extsf{PRO}}$	MOTE	, ENCOURAGE	AND
DC.		ENHANCE	RESEARCH ACTIVITIES AT THE UNIVERSI	TY C	F SOUTH FLO	RIDA.
Governance	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of	of more	than 25% of its net as	
970	3					16
			lependent voting members of the governing body (Part VI, line 1b) \dots			8
Activities &	5		of individuals employed in calendar year 2020 (Part V, line 2a)			0
itii	6		of volunteers (estimate if necessary)			8
Act	7a		d business revenue from Part VIII, column (C), line 12			-6,846.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
		a			Prior Year 0.	Current Year
en	8		and grants (Part VIII, line 1h)		12,924,054.	20,355,140.
Revenue	9	•	ce revenue (Part VIII, line 2g)		1,890,655.	2,644,271.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		-7,314.	-6,846.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,807,395.	22,992,565.
	13		 add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3) 		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
	45		r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b		ing expenses (Part IX, column (D), line 25)		•••	
Ě	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	_	11,420,655.	11,770,347.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,420,655.	11,770,347.
	19		expenses. Subtract line 18 from line 12		3,386,740.	11,222,218.
or	2 2			Ве	ginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)		96,563,873.	129,116,955.
Net Assets or	21		(Part X, line 26)		26,637,699.	33,224,728.
INet	22		fund balances. Subtract line 21 from line 20		69,926,174.	95,892,227.
P	art II	Signature				
Und	ler pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of my	knowledge and belief, it is
true	e, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.	

Sign		Signatu	ire of officer								Date			
Here				THOMAS,	PRES	SIDENT	&	CHIEF	EXECU	FIVE	OFFICE	R		
		Type or	print name and	title										
	Print/Type preparer's name				Preparer's s	Preparer's signature Date			Che	:k] PTIN			
Paid	AM	ANDA	ADAMS			-	-				lf self-	employed	P00748	038
Preparer	Firm's name 🕒 CHERRY BEKAERT L			RT LI	LP					Firm's EIN	l ⊳ 56	6-05744	44	
Use Only	Firm	n's addres	ss 💊 401 1	EAST JAC	KSON	ST, S	UI	TE 120	0					
	TAMPA, FL 33602 Phone no.813-251-101							10						
May the I	RS di	scuss th	nis return with	the preparer sho	own abo	ve? See inst	ruct	ions					X Yes	No
														~~~

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

[PartIII] Statement of Program Service Accomplishments       [X]         Bieldy decode the organization a magnone or to bay line in this Part III       [X]         1       Bieldy decode the organization a magnone or order to any line in this Part III       [X]         2       Dot the organization undertake any significant program services during the year which were not listed on the prior form 500 or 500 E2?       [Vest [X] No         2       Dot the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 5016(5)(3) and 5016(4) organizations are expired to reach of the three largest program services, as measured by expenses. Section 5016(5)(3) and 5016(4) organizations are expired to reach of the reach of the singlest program services, as measured by expenses. Section 5016(5)(3) and 5016(4) organizations are expired to reach of the reach of the singlest program services, as measured by expenses. Section 5016(5)(3) and 5016(4) organizations are expired to reach of the reach of the TPECHNOLOGY         4       Decore:       1, 0 reach program service accompletion expenses of the reach of the SEE ARCH PARTNERSHIPS THAT BOOST THE ECONOMY AND CREATE HIGH-PARTING JOSE IN THE TANAPA BAY ARAR BY DEVELOPING HIGH-TECHNOLOGY         BUSINESSES AND RESEARCH PARTNERSHIPS THAT BOOST THE ECONOMY AND CREATE PARK OF TAMPA BAY ARAR BY DEVELOPING THE DISCOVERIES, RESEARCH PARTNERSHIPS IN DEVELOPING THE DISCOVERIES, RESEARCH PARK OF TAMPA BAY ARAR BY DEVELOPING THE DISCOVERIES, RESEARCH PARTNERSHIPS AND THEIR RESEARCH SUPPORT FUNDS, AND FOR DINCECTS AND CREATE PACULTY, STAFF AND STUDENTS CAN BE TRANSPERRED PROM THE UNIVERSITY LABORATORY TO BENEFIT THE RESEARCH FOUNDATION RECEIVES AND AND THE			59-2959590 Page	2
Image: productions mesor:         TO PROMOTE, INCOURAGE AND ENHANCE RESEARCH ACTIVITIES AT THE UNIVERSITY OF SOUTH FLORIDA.         Identification undertake any significant program services during the year which were not listed on the prior form side or socie2?         If 'Yes,' describe these envices on Schedule 0.         If 'Yes,' describe these envices on Schedule 0.         If 'Yes,' describe these envices on Schedule 0.         If 'Yes,' describe these changes on Schedule 0.         If 'Yes,' describe these envices on Schedule 0.         If 'Yes,' describe these changes on Schedule 0.         If 'Yes,' describe these and schedule 0.         If 'Yes,' describe these schedule 0.         If 'Yes,' describe these schedule 0.         If 'Yes,' describe these schedule 0.         If 'Yes,' deschedule 0.         If 'Yes,	Pa	rt III Statement of Program Service Accomplishments		
TO PROMOTE, ENCOURAGE AND ENHANCE RESEARCH ACTIVITIES AT THE         UNIVERSITY OF SOUTH FLORIDA.         2         Did the organization undatake any significant program services during the year which were not listed on the prior form 500 of 500±27       □Yes [X] No         11 'Yes, 'Gate the mee new services on Schedule 0.       □Yes (Gite the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6) and 501(6) (6) (6) (6) (6) (6) (6) (6) (6) (6)		Check if Schedule O contains a response or note to any line in this Part III	X	<u> </u>
UNIVERSITY OF SOUTH FLORIDA.         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 590 or 980-527       □ Yes [X] No         11       Yes. 'decribe these new services on Schedule 0.       □ Yes [X] No         12       Did the organization case conducting, or make significant changes in how it conducts, any program services. The organization sprease conducting, or make significant or proof the amount of grants and allocations to others, the total expenses. Socion 501(c)(6) and 501(c)(0) organizations are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c)(6) and 501(c)(0) organizations are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c)(6) and 501(c)(0) organizations are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c)(6) and 501(c)(0) organizations are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c)(6) and 501(c) organizations are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c)(6) and 501(c) organizations are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c)(6) and 501(c) organizations are required to report the amount of grants and allocations to others, the total expenses. Bit of the amount of grants and allocations to others, the total expenses. Bit of the amount of grants and allocations to others, the total expenses. Bit of the amount of grants and allocations to others, the total expenses. Bit of the amount of grants and allocations to allocations the total expenses. Bit of the amount of grants and allocations to allocating and allocation. The prove and the amount of	1			
2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E27		· · · · · · · · · · · · · · · · · · ·	ГНЕ	
pior Form 380 or 590E27       □Yes [X]No         11 'Yes, 'describe these warkings on Schedule 0.         32 Did the organization cases conducting, or make significant changes in how it conducts, any 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 other, the total expenses, and reverse, affin, for each organization is program service accompliatments 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 other, the total expenses, and reverse, affin, for each organization service reported.         44 (cose:		UNIVERSITY OF SOUTH FLORIDA.		
pior Form 380 or 590E27       □Yes [X]No         11 'Yes, 'describe these warkings on Schedule 0.         32 Did the organization cases conducting, or make significant changes in how it conducts, any 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 other, the total expenses, and reverse, affin, for each organization is program service accompliatments 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 other, the total expenses, and reverse, affin, for each organization service reported.         44 (cose:				
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If 'Yes,' describe these new services on Schedule 0.         3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, an measured by expenses.         Section 501(63) and 501(64) organizations are required to report the amount of grants and allocations to others, the total expenses, and measured by expenses.         Section 501(63) and 501(64) organizations are required to report the amount of grants and allocations to others, the total expenses, and measured by expenses.         16 (cose:	2			
<ul> <li>3 Did the organization casase conducting, or make significant changes in how it conducts, any program services?</li></ul>				0
<ul> <li>H "Yes, describe these changes on Schedule O.</li> <li>4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported.</li> <li>4a (cose: ) (provements: 3, 767, 925. "Induding grant of s) (thermas: 9, 9, 911, 045)</li> <li>4b (cose: ) (provements: 1, 923, 076. "ended grant of s) (thermas: 9, 9, 993, 286)</li> <li>4c (cose: ) (provements: 1, 923, 076. "ended grant of s) (thermas: 9, 9, 993, 286)</li> <li>4d (cose: ) (the program service accomplishments of the service s) (thermas: 9, 9, 993, 286)</li> <li>4d (cose: ) (the program service accomplishment of the UNIVERSITY LABORATORY TO BENEFIT THE RESEARCH FOUNDATION PROVIDES A MECHANISM EV WHICH DISCOVERIES, INVENTIONS, PROCESSES AND WORK PRODUCTS OF USF FACULTY, STAFF AND STUDENTS CAN BE TRANSFERRED FROM THE UNIVERSITY LABORATORY TO BENEFIT THE PUBLIC. INCOME IS A LLOCATED IN ACCORDANCE WITH USF POLICY ON INVENTIONS AND WORKS TO INVENTORS AND THEIR RESEARCH SUPPORT FUNDS, AND FOR DIRECT SUPPORT OF RESEARCH AT THE UNIVERSITY.</li> <li>4c (cose: ) (Expenses: 286, 911. texted grant of s) (thermas \$ 450, 809)</li> <li>4d Other program services (Describe on Schedule O) (texpress \$ 10, 977, 912.</li> </ul>				
<ul> <li>4 Describe the organization's program service accompliahments for each of its three largest program services, and meretical, if any, for each responded.</li> <li>4a (cost</li></ul>	3			0
Section 501(c)(d) and 501(c)(d) arguinzations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.         40       (code:		-		
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4b       (Code:			CIENCES	
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AND FOUNDATIONS. THE GRANT STUDIES ARE PERFORMED BY UNIVERSITY FACULTY,         STAFF AND STUDENTS.		THE RESEARCH FOUNDATION RECEIVES AND ADMINISTERS CERTAIN	BASIC RESEARCH	-
STAFF AND STUDENTS.		AND CLINICAL TRIAL CONTRACTS AND GRANTS SPONSORED BY THE	PRIVATE SECTOR	
4d       Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ▶ 10,977,912.			RSITY FACULTY,	
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ▶ 10,977,912.		STAFF AND STUDENTS.		
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			)	
	4e	Iotal program service expenses ► IU, 911, 912.		201

Form	990	(2020)

 Form 990 (2020)
 USF RESEARCH FOUNDATION, INC.

 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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	3		<u> </u>
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	4		_X_
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<u> </u>
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?		37	
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		77	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
Ŀ.	Schedule D, Parts XI and XII	<u>12a</u>	~	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ <u></u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			<u> </u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
-	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21		х
-		_		_

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 USF RESEARCH FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
b	5 71 1 7 1 71 1	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		<u></u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		х
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
U	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Par						
			Yes	No		
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 2a 0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
	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)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
	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		X		
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).					
а	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		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
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				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b> </b>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>		
	Note: See the instructions for additional information the organization must report on Schedule O.					
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 13b					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<b> </b>		
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?	15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	ls the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		I X		

16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	
	If "Yes," complete Form 4720, Schedule O.		

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Form 990 (2020)
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USF RESEARCH FOUNDATION, INC.

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

Section A. Governing Body and Management       Yes       N         1a       Early the number of voling members of the governing body at the end of the tax year       It have are material differences in voling members in the governing body, or if the governing body, or if the governing body, and the end of the tax year       It is a final f		Check if Schedule O contains a response or note to any line in this Part VI			X
a Enter the number of volting members of the governing body at the and of the tax year         1a         1a         16           If there are mathed atterations working highs among members of the governing body. of the governing body of the governing body. of the governing body of the governing body. of the governing body of the governing body.         8           2 Did any officient, instance, or key employees to a management duties customarily performed by or under the direct supervision of offices, director, instance, or key employees to a management duties customarily performed by or under the direct supervision of offices, director, instance, or key employees to a management duties customarily performed by or under the direct supervision of diffices, director, instance, or key employees to a management duties customarily performed by or under the direct supervision of the direct supervision of diffices, director, instance, or key employees to a management company or othe person?         3         X           4 Did the organization baceme aware during the year of a significant diversion of the organization assets?         5         X           5 Did the organization near members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?         7a         X           6 Did the organization near members or stockholders, or other persons who had the power to elect or appoint one or more members of stockholders, or the governing body?         8a         X           9 Did the organization near members, stockholders, or persons duber than the governing body?         8a	Sec				
a Enter the number of volting members of the governing body at the and of the tax year         1a         1a         16           If there are mathed atterations working highs among members of the governing body. of the governing body of the governing body. of the governing body of the governing body. of the governing body of the governing body.         8           2 Did any officient, instance, or key employees to a management duties customarily performed by or under the direct supervision of offices, director, instance, or key employees to a management duties customarily performed by or under the direct supervision of offices, director, instance, or key employees to a management duties customarily performed by or under the direct supervision of diffices, director, instance, or key employees to a management duties customarily performed by or under the direct supervision of the direct supervision of diffices, director, instance, or key employees to a management company or othe person?         3         X           4 Did the organization baceme aware during the year of a significant diversion of the organization assets?         5         X           5 Did the organization near members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?         7a         X           6 Did the organization near members or stockholders, or other persons who had the power to elect or appoint one or more members of stockholders, or the governing body?         8a         X           9 Did the organization near members, stockholders, or persons duber than the governing body?         8a				Yes	No
If there are material differences in voting of pitts among members of the governing body?       Ib       I	1a	Enter the number of voting members of the governing body at the end of the tax year   1a   16			
b Enter the number of voting members included on line 1a, above, who are independent       1b       1b       8         2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a supervision document site of the pore mass.       2       X         4 Did the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization reserved to for subject to approval by members, stockholders, or persons other than the governing body?       6       X         5 Did the organization centerparameters of the organization reserved to for subject to approval by members, stockholders, or persons other than the governing body?       7a       X         6 Did the organization centerparameters of the organization reserved to for subject to account the methods the governing body?       8a       X         9 Did the organization centerparameters of the organization reserved to for subject to account the governing body?       8a       X </th <th></th> <th></th> <th></th> <th></th> <th></th>					
b       Enter the number of volting members included on line 1a, above, who are independent       Inter the number of volting members included on line 1a, above, who are independent       Inter the number of volting members included on line 1a, above, who are independent       Inter the number of volting members included on line 1a, above, who are independent       Inter the number of volting members included on line 1a, above, who are independent       Inter the number of volting members included on line 1a, above, who are independent       Inter the number of volting members included on line 1a, above, who are independent       Inter the number of volting members included on line 1a, above, who are independent       Inter the number of volting members included on line 1a, above, who are independent       Inter the number of volting members included on line 1a, above, who are independent       Inter the number of volting members included on line 1a, above, who are independent       Inter the number of volting members or the prevent of the organization the members or the optical time or any covernance decisions of the organization reserved to (or subject to approval by) members, stockholders, or previous other than the governing body?       Inter the organization numpers and subject line approval by members, stockholders, or previous other than the governing body?       Inter the subject line approval by the line of the governing body?       Inter the subject line approval by the line of the governing body?       Inter the subject line approval by the line of the governing body?       Inter the subject line approval by the line of the governing body?       Inter the subject line approval by the prevence Code)       Inter the subject line approval by the prevence line apprevence line approval by the subject line					
2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       3       X         3       Did the organization wave any significant changes to its governing documents since the prior FOM 990 was filed?       4       X         5       Did the organization bacome aware during the year of a significant diversion of the organization's assets?       5       X         7       Did the organization have members or stockholders?       6       X         7       Did the organization have members or stockholders?       7       2       X         8       Did the organization cellsons of the organization is eserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8       X         9       Did the organization cellson provide ball of the governing body?       8       X         9       Is there any officer, director, trustee, or key employee istad in Par VII, Section A, who cannot be reached at the organization and proven organization ball or organization and proven organization the organization and proven and proven and proval by the inform 900 to all members of its g	b				
a did the organization delegate control over management dues customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       a       x         4 Did the organization make any significant changes to its governing documents since the prior Form 980 was filed?       4       X         5 Did the organization have members, stockholders?       6       X         7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members, directoring body?       7a       X         8 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members, directoring body?       7a       X         9 Did the organization have members, stockholders, or persons of the than the governing body?       7a       X         8 Did the organization contemportaneously document the meetings held or written actions undertaken during the year by the following: The governing body?       8a       X         9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address?       9a       X         9 Did the organization have incert optices and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       11a       X         10a Did the organization have awritten policies and procedures governing tody. Here, "describe"			1		
3       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       3       X         4       Did the organization aware any significant changes to its governing documents since the prior Form 990 was filed?       4       X         5       Did the organization baceme aware during the year of a significant diversion of the organization's assets?       5       X         70       Did the organization bacemembers or stockholders?       6       X         70       Did the organization have members or stockholders?       7       X         8       Did the organization chare members or stockholders?       7       X         9       Did the organization cells on the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8       X         8       Did the organization cells on the organization ortemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       I X       Section B. Policies ( <i>This Section B reguess information about policies not required by the Internal Revenue Code.</i> )       9       X         9       I Y esc; this divertion are consistent with the organization reverse this form 990.       11a       X         9       I Y esc; this divertion are con			2		X
of officiers, directors, trustees, or key employees to a maggement company or other person?       3       X         4       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?       3       X         5       Did the organization bace makes any significant dranges to its governing documents since the prior Form 990 was filed?       5       X         6       Did the organization have members, stockholders, or ther persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       6       X         8       Did the organization contemportaneously document the metings hild or written actions undertaken during the year by the following:       7       7       X         9       Is there any officer, director, fustee, or key molyove listed in Part VII. Section A, who cannot be reached at the organization transfer on the organization area officier, and rot, nuskee, or key molyove listed in Part VII. Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?       9       X         9       I 'Yes, 'I due organization have enders outfile organization a consistent with the organization is exempt purposes?       10       11       X         10       Did the organization have a written onclines and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes?       10	3				
4       Did the organization make any significant changes to its governing documents since the prior Form 900 was filed?       4       X         5       Did the organization become aware during the year of a significant diversion of the organization's assets?       6       X         7       Did the organization have members of the governing body?       6       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         a       Did the organization have members of the governances/s document the meetings held or written actions undertaken during the year by the following:       7b       X         a       The governing body?       8a       X       8b       X         9       Each committee with authority to act on behalf of the governing body?       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization nation to tholices and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization activation about policies and procedures governing body?       10a       X         10       Did the organization nave written policies and procedures governing body?       10a       12a       11a       X         11       H sas the organization nave waritten corficit of intere			3		x
5       Did the organization become aware during the year of a significant diversion of the organization's assets?       5       X         6       Did the organization have members or stockholders?       6       X         7       Did the organization have members or stockholders?       7       X         8       Did the organization have members or stockholders?       7       X         9       Did the organization have members or stockholders?       7       X         6       Did the organization have members or stockholders?       7       X         7       Did the organization contemporaneously document the mettings held or written actions undertaken during the year by the following:       8       X         8       Did the organization contemporaneously document the mettings held or written actions undertaken during the year by the following:       8       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have written policies and procedures governing body?       8       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have written policies and procedures governing body?       8       X         10       Did the organization have written consistent with the organization sector by Dariber S       10       10       11       X<	4				X
6       Did the organization have members or stockholders?       6       X         7a       Did the organization have members, stockholders?       7a       X         7a       Did the organization have members, stockholders?       7a       X         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is maling address? If 'Yes, 'nowide the names and addresses on Schedule O       9       X         Section B. Policies (Ihis Section B requests information about policies not required by the Internal Revenue Code)       Yes in       Yes         10a       Did the organization nave written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is operanization provided a complete cory of this Form 990 to all members of its governing body Petros filing the form?       11a       X         12a       Did the organization have a written ondices or of this Form 990.       12a       X       10b         12a       Did the organization have a written ondinestruction policy?       14			5		X
7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         8       Did the organization contemporates by downer the meetings held or written actions undertaken during the year by the following:       7b       X         9       Did the organization contemporates by document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? // "Yes, " provide the names and addresses on Schedule O.       Section B. Policies // Truss, " provide the names and addresses on Schedule O.         9       Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?       Ves Nt         10a       Did the organization have local chapters, branches, or affiliates?       Ves Nt         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       12a         12a       Did the organization new a written woltisto and enforce compliance writh the polici? // 1*Yes, * describe in Schedule O the process, if any, used by the organization and decision?       12a         12b       Did the organization and we employees iterustry uncerview this Form 990.       12a       X <td< th=""><th></th><th>Did the experimention have membrane an eta-she she and and</th><th></th><th></th><th>X</th></td<>		Did the experimention have membrane an eta-she she and and			X
more members of the governing body?       7a       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         c       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       A       A         d       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       A       A         d       Discontrol to the governing body?       Bit A       Bit A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       A       B       B       C       B       A       B       A       B       B       C       B       A       B       B       C	7a	•			
b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or presons other than the governing body?       7b       X         a       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b       X         a       The governing body?       8a       X       8b       X       8a       X       8a       X       8a       X       1			7a	х	
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8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       A         a       The governing body?       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,'' provide the names and addresses on Schedule O       9       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,'' provide the names and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       10a       10a       10a       10a       10a       X         10a       Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is governing body before filing the form?       11a       11a       12a       12a       12a       12b       12a			7b	х	
a The governing body?       Ba       X         b Each committee with authority to act on behalf of the governing body?       Ba       X         g Is there any officer, firector, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes," provide the names and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)       Yes, Nu         10a Did the organization have local chapters, branches, or affiliates?       10a       X         b If 'Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       X         11a Has the organization nave a written conflict of interest policy?       11a       X       12a       X         22a Did the organization nave a written conflict of interest policy?       11a       X       12b       X         12a Did the organization nave a written document retention and destruction policy?       13       X       14       X         13 Did the graphization have a written document retention and destruction policy?       14       X       14       X         14 Did the graphization have a written document retention and destruction shuld a review and approval by independent persons, comparability data, and contemporaneous substantitatio	8				
b       Each committee with authority to act on behalf of the governing body?       Bb       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? /// 'Yes,' provide the names and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         Ves. N         Ves. N         10a Did the organization have local chapters, branches, or affiliates?         0       If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       X         11       Has the organization provided a complete copy of this Form 990.       11a       X       10b         12a       Did the organization nave a written conflict of interest policy? // 'No,' go to line 13       12a       X         13       Did the organization have a written document retention and destruction policy?       13a       X         14       Ha stree organization have a written document retention and destruction policy?       13a       X         14       Ha organization have a written document retention and destruction policy?       13a       X         15       Did the organ			8a	х	
9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," directing the names and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         Yes," did the organization have local chapters, branches, or affiliates?         0a       Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10a       X         2a       Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         2b       Did the organization nave a written conflict of interest policy? If "\ordson to review this Form 990.       12a       X         2a       Did the organization nave a written whistleblower policy?       12a       X         2b       Did the organization have a written document retention and destruction policy?       14       X         3b       Did the organization have a written document retention and bestruction policy?       14a       X         3b       Did the organization have a written document retention and destruction policy?       14       X         3b       Did the organization have a written document retention and destruction policy?       14       X         3chedule O how t	-	Each committee with authority to act on behalf of the governing body?			
organization's mailing address? /f 'Yes, ' provide the names and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes N         10a       Did the organization have local chapters, branches, or affiliates?       10a       X         b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       11a       X         b Bescribe in Schedule O the process, if any, used by the organization 's exempt purposes?       12a       11a       X       12a					
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12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe       12c       X         13       Did the organization have a written document retention and destruction policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       X         15       Did the organization have a written document retention and destruction policy?       14       X         15       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a       X         a       The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements ?       16b       16a       X         5       M       If "Yes," did the organization to make its Forms 1023 (1024 or 1024A, if applicable), 9					
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persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a         a The organization's CEO, Executive Director, or top management official       15b       X         b Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       X         Section C. Disclosure       16b       16b       16b       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶FL       18       Section 6104 requires an organization to make its Forms 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.       ①       ①       10         18       Own website [X] Another's website [X] Upon request [_] Other (explain on Schedule O)       0       19       10       10       10       10       10       10       10       10       10					
a The organization's CEO, Executive Director, or top management official       15a       X         b Other officers or key employees of the organization       15b       X         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       X         Section C. Disclosure       16b       16b       16b       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶FL       18       Section 6104 requires an organization to make its Forms 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.       X       0 ther (explain on Schedule O)       19         19       Describe on 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					
<ul> <li>b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</li> <li>16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</li> <li>C Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed ▶FL</li> <li>18 Section 6104 requires an organization to make its Forms 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.</li> <li>X Own website X Another's website X Upon request Other (<i>explain on Schedule O</i>)</li> <li>19 Describe on 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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶</li> </ul>	а		15a		x
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).         16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?         16a       X         Section C. Disclosure       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶FL         18       Section 6104 requires an organization to make its Forms 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.         X       Own website       X         Y       Own website       X         Upon request       Other (explain on Schedule O)         19       Describe on 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					X
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taxable entity during the year?       16a       X         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         Section C. Disclosure       16b       16b       16b       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶FL       18       Section 6104 requires an organization to make its Forms 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.       X       Other (explain on Schedule O)         19       Describe on 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       ▶	16a				
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20 State the name, address, and telephone number of the person who possesses the organization's books and records					
	20				
DR. SYLVIA THOMAS - $(813) 9/4-4011$	20	DR. SYLVIA THOMAS - (813) 974-4011			
3802 SPECTRUM BLVD., SUITE 100, TAMPA, FL 33612					

Form 990 (2020)	USF RESEARCH FOUNDATI	ON, INC.	59-2959590	Page 7
Part VII Compens	ation of Officers, Directors, Trustees,	Key Employees, Highes	t Compensated	
Employee	s, and Independent Contractors			
Check if Sch	edule O contains a response or note to any line in	this Part VII		
Section A. Officers, D	rectors, Trustees, Key Employees, and Highest	Compensated Employees		
1a Complete this table f	or all persons required to be listed. Report comper	nsation for the calendar year en	ding with or within the organization's	tax year.
<ul> <li>List all of the organ</li> </ul>	ization's current officers, directors, trustees (whe	ther individuals or organizations	s), regardless of amount of compensa	ation.

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and 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 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)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos		ו than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	is both	ı an	compensation	compensation	amount of
	week		cer an	uau	recio	or/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yolqr	vee vee	_			organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PAUL SANBERG	15.00	_	_			<u> </u>	-			
PRESIDENT & DIRECTOR TO JAN	25.00	х		х				0.	525,174.	45,580.
(2) RALPH WILCOX	1.00									
DIRECTOR	39.00	Х						0.	493,879.	24,833.
(3) MOEZ LIMAYEN	1.00									
DIRECTOR	39.00	Х						0.	457,423.	29,835.
(4) DAVID LECHNER	1.00									
DIRECTOR	39.00	Х						0.	404,378.	24,519.
(5) CHARLES LOCKWOOD	1.00									
DIRECTOR	39.00	Х						0.	354,600.	37,121.
(6) ROBERT FRISINA	1.00									
DIRECTOR	39.00	X				-		0.	341,745.	35,064.
(7) NICK TRIVUNOVICH	5.00								204 010	
TREASURER	35.00	X		Х		<u> </u>		0.	304,012.	38,332.
(8) SYLVIA THOMAS	1.00							•	107 401	20.024
	39.00	Х						0.	18/,401.	32,234.
(9) KEITH ANDERSON	15.00	x		х				0	177 260	
PRESIDENT & DIRECTOR FROM JAN (10) PATRICIA GAMBLE	25.00	A		A		<u> </u>		0.	1//,302.	29,962.
(10) PATRICIA GAMBLE CFO	40.00			х				0.	171 622	21,248.
(11) ALLISON MADDEN	35.00			Λ		-		0.	1/4,052.	21,240.
SECRETARY	5.00			х				0.	146 097	29,176.
(12) NORMA ALCANTAR	1.00			<u> </u>		-		0.	140,007.	29,170.
DIRECTOR	39.00	x						0.	142,695.	20,038.
(13) BEATRIZ BARE	1.00									
DIRECTOR	0.00	x						0.	0.	0.
(14) MARC BLUMENTHAL	1.00									
DIRECTOR	0.00	x						0.	0.	0.
(15) GENE ENGLE	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(16) ROBERT GARCIA	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(17) JEFFREY HACKMAN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.

Form 990 (2020) USF RESEA	ARCH FOU	IND	DAT	'IO	N,	I	NC	•	59-29	<u>9595</u>	590	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)			(F)
Name and title	Average		not c	heck r	more than one				Reportable			mated
	hours per week					s both r/trust		compensation from	compensatio from related			ount of ther
	(list any	tor						the	organization			ensation
	hours for	r direc				ted		organization	(W-2/1099-MIS		•	m the
	related	stee o	rustee			ensat		(W-2/1099-MISC)			•	nization
	organizations below	ial tru:	onal t		oloyee	comp						related
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				organ	izations
(18) MATTHEW LOWELL	1.00	<u> </u>	<u> </u>	ò	ž	Ξ	Ĕ					
DIRECTOR	0.00	х						0.		0.		0.
(19) GWEN MITCHELL	1.00											
DIRECTOR	0.00	х						0.		0.		0.
(20) JOHN MORROW	1.00											
DIRECTOR	0.00	Х						0.		0.		0.
(21) LINDA O'ROURKE	1.00											
DIRECTOR	0.00	Х						0.		0.		0.
(22) HARRY VENEZIA	1.00											•
DIRECTOR	0.00	Х						0.		0.		0.
1b Subtotal								0.	3,709,38		367	,942.
c Total from continuation sheets to Part VI								0.	<u> </u>	0.	268	0.
d Total (add lines 1b and 1c)								0.	3,709,38		367	<u>,942.</u>
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) who	o re	eceived more than \$100,	000 of reportable	;		0
compensation from the organization												/es No
3 Did the organization list any former officer,	director truct			mol	0.100	o or	hia	bast companyated omp		Г		
line 1a? If "Yes," complete Schedule J for si	-		•	•						- 1	3	x
4 For any individual listed on line 1a, is the su										····		
and related organizations greater than \$150										- 1	4	x
5 Did any person listed on line 1a receive or a	,		•							····· [		
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ich p	berse	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con	•	•							•	pensat	ion fron	n
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	ith o	or wit	hin		ear.			
(A) Name and business	address							(B) Description of s	envices	C	(C) ompens	
ED TAYLOR CONSTRUCTION SO		<u> </u>		27	1 2		_	Description of a			Sinpene	
N. FALKENBURG RD, STE A,								CONSTRUCTION	MANAGER	1	961	,850.
THE DAVEY TREE EXPERT COM				50.				combineerion	тищиюши		, , , , , ,	,0501
PO BOX 94532, CLEVELAND,		1						LANDSCAPING	SERVICES		274	,331.
MASTER MAINTENANCE, INC.							_	CLEANING AND				,
PO BOX 272758, TAMPA, FL	33688							JANITORIAL			<u>270</u>	,694.
RJA ARCHITECTS, INC.							Τ					
5704 N CENTRAL AVE, TAMPA	., FL 33	60	4					CONSTRUCTION	MANAGER		178	<u>,911.</u>

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

Pa	rt V	/111	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a respo	nse	or note to any line			(2)	
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b d e f a b c d e	Membership dues Fundraising events	ributi grani l abov lines i OPTI ENUE	1b           1c           1d           pons)         1e           s, and         1f           a-1f         1g \$           ON FEES		Business Code           900099           900099           900099           900099           900099           900099	10,237,204. 9,667,127. 286,911. 163,898.	10,237,204. 9,667,127. 286,911. 163,898.		
			Total. Add lines 2a-2f					20,355,140.			
	3 4 5	•	Investment income (inclue other similar amounts) Income from investment of Royalties	ding of tax	dividends, ir -exempt bo	ntere nd p	st, and ► roceeds	2,589,483.			2,589,483.
			Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(i) Real		(ii) Personal				
			Net rental income or (loss Gross amount from sales of	s) <u>.</u>	(i) Securit		(ii) Other				
Revenue		с	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7c	54,7	502. 788.					
Other Re	8	a	Net gain or (loss) Gross income from fundraisi including \$ contributions reported on Part IV, line 18 Less: direct expenses	ng ev Iine	ents (not of 1c). See	8a 8b	······	54,788.			54,788.
	9	a b	Net income or (loss) from Gross income from gamir Part IV, line 19 Less: direct expenses	ng ac	tivities. See	9a 9b	······ •				
	10	a b	Net income or (loss) from Gross sales of inventory, and allowances Less: cost of goods sold	less	returns	<u>10a</u> 10b					
Miscellaneous Revenue	11		Net income or (loss) from PARTNERSHIP INVESTM	ENT	LOSS	<u>y</u>	Business Code 901101	-6,846.		-6,846.	
Be			All other revenue								
Σ			Total. Add lines 11a-11d					-6,846.			
	12		Total revenue. See instruction	ons				22,992,565.	20,355,140.	-6,846.	2,644,271.

USF RESEARCH FOUNDATION, INC.

Form 990 (2020)

59-2959590

Page **9** 

 Form 990 (2020)
 USF RESEARCH FOUNDATION, INC.

 Part IX
 Statement of Functional Expenses

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,201.	1,201.		
С	Accounting	78,540.		78,540.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	61,649.	30,834.	30,815.	
12	Advertising and promotion				
13	Office expenses	46,478.	32,150.	14,328.	
14	Information technology				
15	Royalties	1,692,078.	1,692,078.		
16	Occupancy	3,601,524.	3,572,804.	28,720.	
17	Travel	11,774.	11,764.	10.	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,547,351.	1,547,351.		
21	Payments to affiliates	-	-		
22	Depreciation, depletion, and amortization	2,786,130.	2,756,557.	29,573.	
23	Insurance	279,752.	270,579.	9,173.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
-	amount, list line 24e expenses on Schedule 0.) SHARED SERVICES	1,405,416.	806,245.	599,171.	
a h	BAD DEBT EXPENSE	118,553.	118,553.	JJJ, 111•	
b	TECHNOLOGY COSTS	112,444.	112,444.		
c d	ADMINISTRATIVE FEES	23,527.	23,527.		
	All other expenses	3,930.	1,825.	2,105.	
е 25	Total functional expenses. Add lines 1 through 24e	11,770,347.	10,977,912.	792,435.	C
. <u>5</u> 26	Joint costs. Complete this line only if the organization			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

USF	RESEARCH	FOUNDATION,	INC.

Iu		Dalance Sheet					
		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	3,077,671.
	2	Savings and temporary cash investments			645,833.	2	670,833.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,503,909.	4	1,747,269.
	5	Loans and other receivables from any current or			· · ·		
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif		F			
	_	under section 4958(f)(1)), and persons described	-			6	
Ś	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use				8	
As	9				224,255.	9	195,009.
		Land, buildings, and equipment: cost or other			,	-	
		basis. Complete Part VI of Schedule D	10a	75,909,422.			
	ь	Less: accumulated depreciation		34,978,719.	41,080,273.	10c	40,930,703.
	11	Investments - publicly traded securities			15,208,937.	11	35,647,165.
	12	Investments - other securities. See Part IV, line 1			27,440,373.	12	36,776,518.
	13	Investments - program-related. See Part IV, line 1			953,045.	13	680,451.
	14	Intangible assets			6,993,331.	14	6,877,419.
	15	Other assets. See Part IV, line 11			2,513,917.	15	2,513,917.
	16	Total assets. Add lines 1 through 15 (must equa			96,563,873.	16	129,116,955.
	17	Accounts payable and accrued expenses			1,637,526.	17	2,142,557.
	18	Grants payable			_,,.	18	
	19	Deferred revenue			292,493.	19	133,067.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
ilid		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela		F	15,410,000.	23	14,635,000.
	24	Unsecured notes and loans payable to unrelated		F		24	, ,
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	,		9,297,680.	25	16,314,104.
	26				26,637,699.	26	33,224,728.
		Organizations that follow FASB ASC 958, che			.,,		
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions	67,412,257.	27	80,503,224.		
Bala	28	Net assets with donor restrictions	2,513,917.	28	15,389,003.		
ЪС		Organizations that do not follow FASB ASC 9			, , -		
Fur		and complete lines 29 through 33.	,				
P	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			69,926,174.	32	95,892,227.
z	33				96,563,873.	33	129,116,955.

Form **990** (2020)

## Part X Balance Sheet

Form	990	(2020
10111	330	

Form 9	USF RESEARCH FOUNDATION, INC.	59-2	959590	Pag	_{ge} 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 -	Total revenue (must equal Part VIII, column (A), line 12)	1	22,992	2,50	65.
2 -	Total expenses (must equal Part IX, column (A), line 25)	2	11,770	),34	47.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,222	2,23	18.
4 I	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	69,926	5,1	74.
	Net unrealized gains (losses) on investments	5	14,736	5,99	90.
<b>6</b> [	Donated services and use of facilities	6			
	Investment expenses	7			
	Prior period adjustments	8			
9 (	Other changes in net assets or fund balances (explain on Schedule O)	9	6	5,84	45.
<b>10</b> I	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
(	column (B))	10	95,892	2,22	27.
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: 🗌 Cash 🛛 🗶 Accrual 📃 Other		_		
I	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a \	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
I	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
5	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b١	Were the organization's financial statements audited by an independent accountant?		2b	X	L
I	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
(	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c I	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
1	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<b> </b>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
bl	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
c	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		l I

Form **990** (2020)

SCHEDULE A
------------

Department of the Treasury Internal Revenue Service

(	Form	990	or	990-EZ)

### **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
2020
Open to Public Inspection

1

Nam	eort	ne organization		יד אסדשגרואוזר	NTC .				
Pa	rt I	Reason for Public (		OUNDATION, I		nis nart ) S	ee instruction		9-2959590
		ization is not a private found						3.	
1	Jiyan 	A church, convention of ch					()(A)(i)		
2		A school described in sect					·)(A)(I)·		
3		A hospital or a cooperative					::)		
4		A medical research organiz					•	(iiii) Enter	the hospital's name
-		city, and state:		junoton mar a noopital	accombca				the heepital o hame,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a do	vernmental u	nit describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (0							
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	-					e general r	public described in
		section 170(b)(1)(A)(vi). (C	•					5	
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	inction with a	land-grant	college
		or university or a non-land-							
		university:		,		, <b>,</b>	,	0	
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12	X	An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section a	5 <b>09(a)(2)</b> .	See section &	509(a)(3). (	Check the box in
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а	X	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
		organization. You must o	-						
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus							
С		Type III functionally inte						ly integrate	d with,
	_	its supported organizatio		-					
d		Type III non-functionally						-	
		that is not functionally int	• •		•		-	an attentiv	eness
-		requirement (see instruct	,	•					
е		Check this box if the orgation functionally integrated, or					турет, турет	n, rype m	
f	Ente	r the number of supported of							1
' a		ride the following information	•	d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
UN	IVE	RSITY OF SOUTH							
	DRI		59-3102112	2	x			0.	0.
								-	
Tota								0.	0.

#### Schedule A (Form 990 or 990-EZ) 2020 USF RESEARCH FOUNDATION, INC. Part II Support Schedule for Organizations Described in Sections 170(b

59-2959590 Page 2

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 fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						1
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	oto (coo instructiv				12	
	First 5 years. If the Form 990 is for th	-		fourth or fifth tox			
13	organization, check this box and stop	-			•		
Sec	tion C. Computation of Public					<u></u>	
	Public support percentage for 2020 (li			column (f))		14	%
15	Public support percentage from 2019					15	%
	<b>33 1/3% support test - 2020.</b> If the c					· · ·	x and
	stop here. The organization qualifies						. —
b	33 1/3% support test - 2019. If the c		-				
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te			-	-	vinow the organiz	
h	10% -facts-and-circumstances test	-		• • • •	-		
U.	more, and if the organization meets th	-					1070 01
	organization meets the facts-and-circu						
10	<b>Private foundation.</b> If the organizatio						
18	Finale roundation. If the organizatio	n diu not check a		a, 100, 17a, 01 171			• <b>F</b>

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 USF RESEARCH FOUNDATION, INC. 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	0 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	0 (f) Total
	Amounts from line 6						
10 <i>a</i>	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						
	Net income from unrelated business activities not included in 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.)	Ĺ					
14	First 5 years. If the Form 990 is for th	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgai	nization,
	check this box and stop here	<u></u>				<u></u>	<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	<b>)20</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	<b>33 1/3% support tests - 2020.</b> If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar						
b	<b>33 1/3% support tests - 2019.</b> If the						'3%, and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organizatio						

#### Schedule A (Form 990 or 990-EZ) 2020 USF RESEARCH FOUNDATION, INC.

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

#### Schedule A (Form 990 or 990 EZ) 2020 USF RESEARCH FOUNDATION, INC.

			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
u	11c below, the governing body of a supported organization?	11a		2
b	A family member of a person described in line 11a above?	11b		Z
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Ŭ	detail in Part VI.	11c		X
ec	tion B. Type I Supporting Organizations	1 110		
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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 officers, or trustees were allocated among the supervised and the organization.</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
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? 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.	2		X
ec	tion C. Type II Supporting Organizations		_	
			Yes	N
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)? 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).	1		
ec	tion D. All Type III Supporting Organizations			
			Yes	N

			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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	I that the organization used to sati	sty the Integral Part Test duri	ng the year (see instructions).
•	Check the box heat to the method			

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of e	each of its supported	d organizations.	Complete line 3 below.
---	--	------------------	--------------------	-----------------------	------------------	------------------------

с		The organization supported a g	overnmental entity.	Describe in Part VI h	how you supported a gove	ernmental 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? 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.
- b Did the activities described in 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? 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.
- **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? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.* 

2a

2b

3a

3b

Yes No

1

	(Form 990 or 990-EZ) 2020 Type III Non-Function				
Party	I VDE III NON-FUNCLIC	manv	integrated by:	Manol Subborling '	Organizations

#### 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.

Sectio	on 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		
	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Sectio	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

## Schedule A (Form 990 or 990-EZ) 2020 USF RESEARCH FOUNDATION, INC.

Par	t V   Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continu	ued)		
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
c	From 2017					
d	From 2018					
e	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 USF RESEAR	CH FOUNDATION,	INC.	59-2959590 Page 8
Part VI	<b>Supplemental Information.</b> Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	e explanations required by P 6, 9a, 9b, 9c, 11a, 11b, and Section E, lines 1c, 2a, 2b, 3	art II, line 10; Part II, line 17a c I 11c; Part IV, Section B, lines 3a, and 3b; Part V, line 1; Part	V, Section B, line 1e; Part V,

SCHEDULE D	)
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<del>9</del> 0)

Supplemental Financial Statements 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.



Department of the Treasury Internal Revenue Service

Nam	e of the organization USF RESEARCH FOUNDA	TION, INC.		Employer identification number 59-2959590
Par				
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor ac	lvised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the asset	s held in donor a	dvised funds
	are the organization's property, subject to the organization's e	exclusive legal contr	ol?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or fo	or any other purp	ose conferring
	impermissible private benefit?			Yes 🗌 No
Par	t II Conservation Easements. Complete if the org	anization answered	"Yes" on Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that app	oly).	
	Preservation of land for public use (for example, recreat	ion or education)	Preservation	on of a historically important land area
	Protection of natural habitat		Preservation	on of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation cor	ntribution in the fo	orm of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by	the organization during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri		pection, handling	
•	violations, and enforcement of the conservation easements it			YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting, h	and ling of violation	s, and enforcing (	conservation easements during the year
7	Amount of expanses incurred in monitoring inspecting handl	ing of violations on	d onforcing conc	anyotion accompania during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	a enforcing conse	ervation easements during the year
8	Does each conservation easement reported on line 2(d) above	eatisfy the requirer	nonts of soction .	
0		•		
q	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservatio	n easements in its r	evenue and exne	
Ũ	balance sheet, and include, if applicable, the text of the footne		-	
	organization's accounting for conservation easements.	oto to the organizati		
Par	t 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.		
<b>1</b> a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its	revenue stateme	ent and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educa	tion, or research	in furtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	describes these	items.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its rev	enue statement a	nd balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, educatio	n, 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			• • •
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		• • •
b	Assets included in Form 990, Part X			
	E. D			

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the organization acquesition, accession, and other records, check any of the following that make significant use of its collection items (sheck all that apply):       a	3 Using the organization is acquisition, accession, and other records, check any of the following that make significant use of its collection theres (check all that apply): a	Sche		EARCH FOUN					59	<del>)</del> -29	59590	Page <b>2</b>
collection terms (check all that apply):       d       Loan or exchange program         b       Scholarly research       c       Other	collection terms (check all that apply):       a       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b <th>Par</th> <th>t III Organizations Maintaining C</th> <th>Collections of Ar</th> <th>t, Histori</th> <th>cal Tre</th> <th>easures, o</th> <th>r Othe</th> <th>r Similar A</th> <th>sset</th> <th>s _{(continu}</th> <th>ed)</th>	Par	t III Organizations Maintaining C	Collections of Ar	t, Histori	cal Tre	easures, o	r Othe	r Similar A	sset	s _{(continu}	ed)
a       Public exhibition       d       Loan or exchange program         b       Scholary research       e       Other         c       Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.         5       During the year, did the organization sciolections and explain how they further the organization's exempt purpose in Part XII.       The previde a description of the organization's collection?       Yes       No         Part IV       Escrew and Custodial Arrangements.       Compate it the organization answered "Yes" on Form 990, Part X, line 21.       The science of the arrangement in Part XIII and complete the following table:       Image: Compate it the organization and output of the organization's exempt purpose in Part XIII.         6       Beginning balance       Image: Compate it Part XIII and complete the following table:       Image: Compate it Part XIII.       Image: Compate it Part XIII.         2       Dath organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Compate it Part XIII.       Image: Compate it Par	a       Public exhibition       d       □ can or exchange program         b       Scholary research       e       Other	3	Using the organization's acquisition, access	ion, and other record	ls, check ar	ly of the f	following tha	t make si	gnificant use	of its		
b       Scholarly research       e       Other         c       Preservation for future generations       e       Other         2       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's collections of art, historical treasures, or other similar assets to to solid to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part W       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21.       Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X is the 21.       Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21.       Ta is the organization include an amount on Form 990, Part X, line 21.       Ta is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Yes       No         D if 'Yes, ''explain the arrangement in Part XII.       Chart Y, line 10.       The organization include an amount on Form 990, Part X, line 21.       To escrow or custodial account liability?       Yes       Xes         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       The organization include an amount on Form 990, Part X, line 10.       To be prescrew or custodial account liability?       Yes	b       Scholary research       e       Other         4       Prevalution for future generations         5       Dring the year, did 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 asserts       to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, Ine 9, or responded an amount on Form 990, Part X, Iine 21.         14       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, Iine 21.       Image: Control 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,		collection items (check all that apply):									
c Preservation for future generations   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's collections 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?   Part IV Escrow and Custocial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V, 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, line 21.   1a Is the organization include an angent in Part XIII and complete the following table:   C Beginning balance   a Additions during the year.   1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Ves No   Part V Endowment Funds. Complete if the organization naswered "Yes" on Form 990, Part IV, line 10.   1a Beginning of year balance   2 No   1a Beginning of year balance   1a Contributions   1b Complete if the organization induce an angunation induce and angunation induce and angunation induce and angunation induce anguna	c       Preservation for future generations         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 is collections and explain how they further the organization's exempt purpose in Part XIII.         6       Derint W       Escretion and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21.         16       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         17       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         20       Dating balance       (a) Current year       (a) Differee organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         20       Det organization include an amount on Form 990, Part X, line 21, for escrow arc ustodial account liability?       Yes       Yes         21       Portice organization include an amount on Form 990, Part X, line 21, for escrow arc ustodial account liability?       Yes       Yes         21       Port Ves	а	Public exhibition	c	a 🗌 Lo	an or exc	hange progr	am				
Provide a description of the organization's collections and explain how they further the organization's event purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be solid to raise funds rather than to be maintained as part of the organization a soliection?     Part W 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.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     b If "Yes," explain the arrangement in Part XIII and complete the following table:	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 9, or reported an amount on Form 980, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     Is disting balance     Begrinning balance     Is a Signal and Intermediary for contributions or other assets not included     on Form 980, Part X?     Is disting balance     Is a Signal and Intermediary for contributions or other assets not included     on Form 980, Part X?     Is disting balance     Is a Organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?     Yes     Yes     No     b If "Yes, 'arplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Part V Endowment Funds. Complete if the organization in answered "Yes" on Form 980, Part X, line 10.     Part V Endowment Funds. Complete if the organization answered "Yes" on Form 980, Part X, line 10.     Is degrining of year balance     Is degrining of year balance     Is don't report the organization answered "Yes" on Form 980, Part X, line 10.     If the explanations     Other expenditures for facilities     and programs     Is don't expenditure expenses     Is don't explain the arrangement in Part XIII.     Sub don the possession of the organization fact a sequend on Schedule R?     The percentages on lines 2a, 2b, and 2c should equal 100%.     Are there endowment tho	b	Scholarly research	e	e 🗌 Otl	ner						
5       During the year, did the organization solic 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.       Is 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 answered "Yes" on Form 990, Part X, line 21.       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 9, or       / res, "explain the arrangement in Part XIII and complete the following table:       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 1, 775, 614.         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a<	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be solid to raise funds rainet much as part of the organization is collection?     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.     Is the organization an agent, fusate, custodian or other intermediary for contributions or other assets not included     on Form 990, Part XP     Is the organization angent. In Part XIII and complete the following table:	с	Preservation for future generations									
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 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, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization and gent of the organization asset or other assets not included on Form 990, Part X, Fore S.         It is a cyclic the arrangement in Part XIII and complete the toilowing table:       Amount       It is 3, 0.93 & 80.5.         It is a cyclic the arrangement in Part XIII. Check here if the explanation tables provided on Part XIII       It is 3, 0.93 & 80.5.         It is a cyclic the arrangement in Part XIII. Check here if the explanation tables provided on Part XIII       It is 3, 0.93 & 80.5.         It is a cyclic the arrangement in Part XIII. Check here if the explanation tables provided on Part XIII       It is 3, 0.93 & 80.5.         It is a cyclic the arrangement in Part XIII. Check here if the explanation tables provided on Part XIII       It is 3, 0.93 & 90.5.	to be sold to raise funds rather than to be maintained as part of the organization's collection?         Image: Text of the section of Cutstodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21.           Tale Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Image: Text of the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.           Tale Is the organization in agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Image: Text of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Image: Text of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Image: Text of the organization answered "Yes" on Form 990, Part X, line 10.           Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         Image: Text of the organization answered "Yes" on Form 990, Part X, line 10.           Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21, for text on Form 990, Part V, line 10.         Image: Text of text of text of the organization answered "Yes" on Form 990, Part X, line 10.           Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         Image: Text of te	4	Provide a description of the organization's c	ollections and explai	n how they	further th	ne organizatio	on's exer	npt purpose	in Part	XIII.	
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.         Ia       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       Amount         d       Additions during the year       14       1,7794,7759.         e       Distributions during the year       14       1,7794,7759.         d       Additions qualization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       X         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII. Check here if the explanation has been provided on Part XIII.       Part X       Incertain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part X       Incertain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.       Incertain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.       Incertain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.       Incertain the arrangement in Part XIII. Check here if the explanation thas been provided on Part XIII.       Incertain the arrangement in Part XIIII.       Incerain the arrangement	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 (V)       No         b       If "Yes," explain the arrangement in Part XII and complete the following table:       Amount         c       Beginning balance       Amount         d       Additions during the year       1       1,775,614.         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       X No         b       If "Yes", "explain the arrangement in Part XII.       Check here if the explanation answered "Yes" on Form 990, Part IV, line 10.         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       X No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Second Secon	5	During the year, did the organization solicit of	or receive donations	of art, histo	rical treas	sures, or oth	er similar	assets			
reported an amount on Form 980, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X?       Image: The State St	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 980, Part X?       IX Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Iz       Amount         c Beginning balance       Iz       Amount       Iz       Amount         c Beginning balance       Iz       3, 079, 650.       Iz       Iz       3, 079, 650.         a Did the organization is during the year       Iz       3, 079, 650.       Iz       Iz       3, 079, 650.         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       X No         b If "Yes." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Part X Image: Par									🗋		No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 190, Part X?       Image: The set of the set o	1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Control of Control Control Control Control Control Control Control Control Control Contor of Contere Contere Control Control Conter Conter Control Contro	Par			ete if the or	ganizatio	n answered	"Yes" on	Form 990, F	'art IV,	line 9, or	
on Form 990, Part X?       Image: Tytes, explain the arrangement in Part XIII and complete the following table:         c       Beginning balance       Image: Tytes, explain the arrangement in Part XIII and complete the following table:         c       Beginning balance       Image: Tytes, explain the arrangement in Part XIII and complete the following table:         c       Beginning balance       Image: Tytes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year         b       Contributions       (b) Prior year       (c) Two years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (b) Our years       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (b) Current year       (b) Prior year       (c) Two years back       (e) Four years back	on Form 990, Part X?       X       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1c       3, 079, 650.         1d       1, 794, 769.       1e       3, 098, 805.       1d       1, 779, 651.         2       Distributions during the year       1e       3, 098, 805.       1f       1, 775, 614.         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       X       No         B If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part X       Inc 400, Part X, line 21, for escrow or custodial account liability?       Ves       X       No         Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years		reported an amount on Form 990, Pa	art X, line 21.								
b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Beginning balance       1c       3,079,650.         d       Additions during the year       1d       1,7794,769.         e       Distributions during the year       1d       1,779,614.         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       X       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Pert V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: the segment is the segment	b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for cor	tribution	s or other as	sets not i	ncluded	_	_	
c       Beginning balance       Image: constraint of the set of the organization solution include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: constraint of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: constraint of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: constraint of the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: constraint of the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       Image: constraint on the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       Image: constraint on the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       Image: constraint on the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Grants or scholarships       Image: constraint on the organization answered "Yes" on Form 990, Part IV, line 10.         2       Provide the estimated percentage of the current year end balance (line 1g, column (al) held as:       Image: constraint on the possession of the organization that are held and administered for the organization by:         1b       Image: constraint on the possession of the organization that are held and administered for the organization by:       Image: constraint on the	c       Beginning balance       Amount         to       3,079,650.         to       1d       1,794,769.         to       1d       1,794,769.         to       1d       1,775,614.         to       1d       1,775,7614.         to       1d       1,775,7614.         to       1d       1,775,7614.         to       1d       1,775,7614.									<u>X</u>	Yes	No
c       Beginning balance       1c       3,079,650.         d Additions during the year       1d       1,794,769.         Ending balance       1e       3,098,805.         12       Distributions during the year       1f       1,775,614.         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       X         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part W, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part W, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years         2       Contor expenditures for facilities       (b) Contor of t	c       Beginning balance       1c       3,079,650.         d       Additions during the year       1e       3,097,650.         d       Introductions during the year       1e       3,098,805.         f       Ending balance       11       1,794,769.         2a       Distributions during the year       1e       3,098,805.         1f       1,775,614.       2a       Did the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability?       Ves       X       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: status in the part XII. Check here if the explanation has been provided on Part XIII       Image: status in the part XII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: status in the part XIII. Check here it the explanation is a status in the part XII. Image: status in the explanation is a status in and programs       Image: status in the part XII. Image: status in the p	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	e:						
d Additions during the year       Id       1,794,769.         e Distributions during the year       Id       1,794,769.         e Distributions during the year       If       1,775,614.         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       X         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Ves       X       No         fa Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a Carants or scholarships       Image: State	d Additions during the year       1d       1,794,769.         e Distributions during the year       1e       3,098,805.         f Ending balance       1t       1,775,614.         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       X No         b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Pert V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1 Administrative expenses       (a) Current year end balance (line 1g, column (a) held as:       a Board organis       (a) Current year end balance (line 1g, column (a) held as:         2 Board designated or quasi-endowment >%       %       Form endowment >%       Yes No.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as:       a Board designated or quasi-endowment >%       (f) Unrelated organizations       (g) (G											
e       Distributions during the year       1e       3,098,805.         f       Ending balance       1t       1,775,614.         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       X         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       X       No         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       X       No         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       X       No         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         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back       (d) Three years back	e       Distributions during the year       10       3,098,805.         f       Ending balance       17       1,775,614.         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       X         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a dot storement examines, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a dorants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a dorants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a dorants or scholarships       (a) Control year       (c) Two years back       (d) Three years back       (e) Four years back         a dot year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End											
f       Ending balance       If       1,775,614.         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       X       No         b       If *Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       X       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       No       Mathinstative       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a) Controbutions       (a) Controbutions       (a) Controbutions       (b) Prior year       (c) Two years back       (e) Four years back	f       Ending balance       11       1,775,614.         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       X       No         b       If 'Yes', explain the arrangement in Part XIII. Check there if the explanation has been provided on Part XIII.       Yes       X       No         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       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (b) Column       (c) Two years back       (e) Four years         g       End of year balance       (in and year balance)       (in and year balance)       (in and year balance)       (f) Administrative expenses       (f) Administrat											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       X       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       X       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part VI, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment examings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g End of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Two years back       (e) Four years back         g End of year balance       (b) Cherne expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (c) Two years back       (e) Four years back         g End of year balance       (b) Cherne years back       (c) Two years back       (e) Four years       (c) Accurent year       (c) Two years back       (c) Two y	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       X       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment enamings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years         e Other expenditures for facilities       (a) Current year       (f) Administrative expenses       (f)       (f	е										
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other seponditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         c       Other seponditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         d       Contributions       (f) Administrative expenditures for facilities       (f) Administrative expenditures       (f)         g       End of year balance       ///////	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment earnings, gains, and losses       (a) Current year end balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (a) Current year end balance (line 1g, column (a)) held as:       (a) Current year end balance (line 1g, column (a)) held as:       (a) Comment b       (b) Premanent endowment b       (b) Premanent endowment b       (c) Term endowment b       (c) Yea No         c Term endowment b	f										<u> </u>
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (e) Four years back         d       Grants or scholarships       (c) Two years back       (e) Four years back         e       Other expenditures for facilities       (c) Two years back       (c) Two years back         and programs       (c) Two years back       (c) Two years back       (c) Two years back         g       End of year balance       (c) Two years back       (c) Two years back       (c) Two years back         g       End of year balance       (f) Pointyear       (f) Pointyear       (f)       (f)         g       End of year balance       (f) Contront tyear of t	Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (a) Cost or other       (a) Cost or other       (b) Prior year       (c) Two years back       (d) Two years back       (e) Four years back       (f) Pour years back       (f) Two years back       (f) Pour year       (f)		-						ity?	L	Yes	No
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance	(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         (b) Contributions       (c) Two years back       (d) Three years back       (e) Four years back         (b) Contributions       (c) Two years back       (d) Three years back       (e) Four years back         (c) Two years back       (d) Three years back       (e) Four years back         (c) Christian       (c) Two years back       (e) Four years back         (c) Christian       (c) Two years back       (e) Four years back         (c) Christian       (c) Two years back       (c) Two years back       (e) Four years back         (c) Christian       (c) Christian       (c) Two years back       (c) Two years back       (c) Two years back         (c) Christian       (c) Christian       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         (c) Christian       (c) Christian       (c) Two years back       (c) Two years back <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th><u></u></th><th></th><th></th></t<>									<u></u>		
1a       Beginning of year balance	1a       Beginning of year balance	Fai	<b>Endowment Funds.</b> Complete							<u> </u>	6.5-	<u> </u>
b       Contributions	b       Contributions				(b) Prio	r year	(c) I wo yea	irs back	(d) Three yea	rs back	<b>(e)</b> ⊦our y	ears back
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs	c       Net investment earnings, gains, and losses											
d Grants or scholarships	d Grants or scholarships	b										
e Other expenditures for facilities and programs	e       Other expenditures for facilities and programs	c										
and programs	and programs											
f       Administrative expenses	f       Administrative expenses	е										
g End of year balance	g End of year balance											
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         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:         (i)       Unrelated organizations	2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         mth 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:         (i)       Unrelated organizations         (ii)       Related organizations         (iii)       Related organizations         3a(ii)       3a(i)         3a(ii)       3a(i)         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)       basis (other)         depreciation       8, 739, 633.         b       8, 739, 633.         b       61, 232, 925.       31, 769, 303.       29, 463, 622.         c       Leasehold improvements       61       2       2, 432, 313.       2, 432, 313.         e       Other	T										
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment.         <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (investment)</li> <li>basis (other)</li> <li>complete if the organization</li> <li>8 , 739 , 633.</li> <li>29 , 463 , 622.</li> </ul> </li>	a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         d 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:         (i) Unrelated organizations         (ii) Related organizations         3a(ii)         b If "Yes" on line 3a(ii), are the related 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 (other)       (b) Cost or other         basis (investment)       basis (other)       depreciation         1a Land       8, 739, 633.       8, 739, 633.         b Buildings       61, 232, 925.       31, 769, 303.       29, 463, 622.         c Leasehold improvements       3, 504, 551.       3, 209, 416.       295, 135. <td< th=""><th>g</th><th></th><th></th><th></th><th>alumn (a)</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	g				alumn (a)						
b       Permanent endowment ▶      %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>b</li> <li>If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4</li> <li>Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>(i) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (investment)</li> <li>(a) Cost or other basis (other)</li> <li>(b) Book value depreciation</li> </ul> 1a       Land <ul> <li>8, 739, 633.</li> <li>8, 739, 633.</li> <li>8, 739, 633.</li> <li>29, 463, 622.</li> </ul>	b       Permanent endowment ▶      %         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:	2		•		olumn (a)	)) heid as.					
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:	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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) ad(ii) are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI     Land, Buildings, and Equipment.     3b     3b     3c	a b			70							
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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(ii) Description of property</li> <li>(ii) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Rook value</li> <li>(</li></ul>	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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Rook value</li> <li>(d) Rook value</li> <li>(d) Equipment</li> <li>(d) Eq</li></ul>											
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       3a(i)         (ii) Related organizations       3a(i)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3a(ii)         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 (other)       (c) Accumulated depreciation         1a Land       8,739,633.       8,739,633.         b Buildings       61,232,925.       31,769,303.       29,463,622.	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       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         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 (other)         b Buildings       61, 232, 925.         c Leasehold improvements	C										
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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) 1a Land b Buildings (b) Buildings (c) Accumulated depreciation (d) Book value basis (other) (d) Book value (d) Book v	by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements d Equipment d Equipment e Other (b) Cost or other (c) Accumulated (d) Book value (d) Book value (d) Book value (e) Cost or other (f) Book value (f) Book val	30			ation that a	o hold ar	nd administa	red for th	o organizatio	n		
(i)       Unrelated organizations       3a(i)         (ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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 (other)         b       (b) Cost or other basis (other)         b       8,739,633.         b       Buildings         b       Buildings	(i)       Unrelated organizations       3a(i)         (ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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 (other)       (c) Accumulated depreciation         1a       Land       8,739,633.       8,739,633.         b       Buildings       61,232,925.       31,769,303.       29,463,622.         c       Leasehold improvements       3,504,551.       3,209,416.       295,135.         e       Other       2,432,313.       2,432,313.       2,432,313.	Ja			allon that a	e neiu ai			e organizatio		<b>I</b> ▼	es No
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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 (other)       (c) Accumulated depreciation         1a       Land       8,739,633.       8,739,633.         b Buildings         b       Buildings       61,232,925.       31,769,303.       29,463,622.	(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         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         1a       Land       8,739,633.       8,739,633.       8,739,633.         b       Buildings       61,232,925.       31,769,303.       29,463,622.         c       Leasehold improvements       3,504,551.       3,209,416.       295,135.         e       Other       2,432,313.       2,432,313.       2,432,313.		-									
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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         1a       Land       8,739,633.       8,739,633.         b       Buildings       61,232,925.       31,769,303.       29,463,622.	b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b         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.       (c) Accumulated depreciation       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       8,739,633.       8,739,633.       8,739,633.         b       Buildings       61,232,925.       31,769,303.       29,463,622.         c       Leasehold improvements       3,504,551.       3,209,416.       295,135.         e       Other       2,432,313.       2,432,313.											
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)         basis (investment)       basis (other)         1a       Land         b       Buildings         b       Buildings	4       Describe in Part XII 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         1a       Land       8,739,633.       8,739,633.         b       Buildings       61,232,925.       31,769,303.       29,463,622.         c       Leasehold improvements       3,504,551.       3,209,416.       295,135.         e       Other       2,432,313.       2,432,313.	b										
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       8,739,633.       8,739,633.       8,739,633.         b       Buildings       61,232,925.       31,769,303.       29,463,622.	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       8,739,633.       8,739,633.       8,739,633.       8,739,633.         b       Buildings       61,232,925.       31,769,303.       29,463,622.         c       Leasehold improvements       3,504,551.       3,209,416.       295,135.         e       Other       2,432,313.       2,432,313.			-								
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land8,739,633.8,739,633.b Buildings61,232,925.31,769,303.29,463,622.	Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         8,739,633.         8,739,633.         8,739,633.         8,739,633.           b Buildings         61,232,925.         31,769,303.         29,463,622.           c Leasehold improvements         3,504,551.         3,209,416.         295,135.           e Other         2,432,313.         2,432,313.	Par										
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land8,739,633.8,739,633.b Buildings61,232,925.31,769,303.29,463,622.	Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         8,739,633.         8,739,633.         8,739,633.         8,739,633.           b Buildings         61,232,925.         31,769,303.         29,463,622.           c Leasehold improvements         3,504,551.         3,209,416.         295,135.           e Other         2,432,313.         2,432,313.		Complete if the organization answere	ed "Yes" on Form 990	), Part IV, li	ne 11a. S	See Form 990	), Part X,	line 10.			
basis (investment)         basis (other)         depreciation           1a Land         8,739,633.         8,739,633.           b Buildings         61,232,925.         31,769,303.         29,463,622.	basis (investment)         basis (other)         depreciation           1a Land         8,739,633.         8,739,633.           b Buildings         61,232,925.         31,769,303.         29,463,622.           c Leasehold improvements         3,504,551.         3,209,416.         295,135.           e Other         2,432,313.         2,432,313.         2,432,313.										(d) Book	value
b Buildings 61,232,925. 31,769,303. 29,463,622.	b Buildings       61,232,925.       31,769,303.       29,463,622.         c Leasehold improvements       3,504,551.       3,209,416.       295,135.         e Other       2,432,313.       2,432,313.					• •		1			(,	
b Buildings 61,232,925. 31,769,303. 29,463,622.	b Buildings       61,232,925.       31,769,303.       29,463,622.         c Leasehold improvements       3,504,551.       3,209,416.       295,135.         e Other       2,432,313.       2,432,313.	<b>1</b> a	Land								8,739	,633.
	c Leasehold improvements       3,504,551.       3,209,416.       295,135.         e Other       2,432,313.       2,432,313.				(			31,	769,303		-	-
	d Equipment         3,504,551.         3,209,416.         295,135.           e Other         2,432,313.         2,432,313.											
	e Other 2,432,313. 2,432,313.					3,50	4,551.	3,2	209,416	;.	295	<u>,1</u> 35.
	Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)				X, column	(B), line 1	0c.)			4	0,930	,703.

Schedule D (Form 990) 2020

(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) USF INVESTMENT POOL	36,776,518.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	36,776,518.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			- <b>f</b>
(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)			
Total. (Col. (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 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO UNIVERSITY OF SOUTH	I FLORIDA		13,330,608.
(3) CAPITAL LEASE OBLIGATION			2,983,496.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		16,314,104.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

#### Schedule D (Form 990) 2020 USF RESEARCH FOUNDATION, INC.

#### 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.

Sche	edule D (Form 990) 2020 USF RESEARCH FOUNDATION ,	, INC.		59-	2959590 P	age <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements Wit	th Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	37,736,4	00.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	14,736,990.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines <b>2a</b> through <b>2d</b>			2e	14,736,9	90.
3	Subtract line 2e from line 1			3	22,999,4	10.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	-6,845.			
с	Add lines 4a and 4b			4c	-6,8	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	22,992,5	65.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements W	ith Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total expenses and losses per audited financial statements			1	11,770,3	<u>47.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a		_		
b	Prior year adjustments	2b		_		
С	Other losses	2c		_		
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	11,770,3	<u>47.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0
						0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.			5	11,770,3	47.

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.

#### PART IV, LINE 1B:

PERIODICALLY, AS A DIRECT SERVICE ORGANIZATION OF THE UNIVERSITY, THE

RESEARCH FOUNDATION ASSUMES RESPONSIBILITY FOR VARIOUS UNIVERSITY

INITIATIVES.

CUSTODIAL FUNDS INCLUDE THE USF TAMPA BAY TECHNOLOGY INCUBATOR, USF

ECONOMIC DEVELOPMENT, USF INSTITUTE FOR ADVANCED DISCOVERY & INNOVATION,

USF ST. PETERSBURG INCUBATOR SUPPORT, USF VETERANS REINTEGRATION OFFICE,

AND USF GRAPHICSTUDIO.

#### IN ACCORDANCE WITH GASB 84, THESE FUNDS ARE CONSIDERED TO BE CUSTODIAL

#### FUNDS WHICH HAVE BEEN EXCLUDED FROM THE FOUNDATION'S BALANCE SHEET FOR

Schedule D (Form 990) 2020 USF RESEARCH FOUNDATION, INC.	59-2959590 Page 5
Part XIII Supplemental Information (continued)	
FINANCIAL REPORTING PURPOSES. CUSTODIAL FUNDS ARE CUSTODIAL	IN NATURE AND
DO NOT INVOLVE MEASUREMENT OF RESULTS OF OPERATIONS. THE BEG	INNING
BALANCE, ADDITIONS AND DELETIONS DURING THE TAX YEAR, AND EN	DING BALANCE
ARE SHOWN IN PART IV.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
PARTNERSHIP INVESTMENT LOSS NOT RECORDED ON BOOKS	-6,845.

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2020		<u> </u>
		Compensated Employees		<b>ZU</b>	ZU	J
Denar	tment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization			identificatio		nber
De		USF RESEARCH FOUNDATION, INC.	59-2	295959	0	
Ра	rt I Question	s Regarding Compensation				<b>.</b>
	<u>.</u>				Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com	panions Payments for business use of personal re ation and gross-up payments Health or social club dues or initiation fee				
		spending account				
			II, CHEI)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
D				1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice					
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's				
-		ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	ompensation consultant				
		ther organizations Approval by the board or compensation of	ommittee			
		5				
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 re	lated organization:				
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the r					
						X
b		ation?		5b		X
		r 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	-				37
						X
b		ation?		6b		X
_		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
~		es 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
~				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2020

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) PAUL SANBERG	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & DIRECTOR TO JAN	(ii)	523,554.	0.	1,620.	19,928.	25,652.	570,754.	0.
(2) RALPH WILCOX	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	483,249.	0.	10,630.	14,314.	10,519.	518,712.	0.
(3) MOEZ LIMAYEN	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	447,566.	0.	9,857.	14,606.	15,229.	487,258.	0.
(4) DAVID LECHNER	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	403,358.	0.	1,020.	14,308.	10,211.	428,897.	0.
(5) CHARLES LOCKWOOD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	354,600.	0.	0.	14,670.	22,451.	391,721.	0.
(6) ROBERT FRISINA	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	341,745.	0.	0.	12,703.	22,361.	376,809.	0.
(7) NICK TRIVUNOVICH	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	302,992.	0.	1,020.	15,668.	22,664.	342,344.	0.
(8) SYLVIA THOMAS	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	187,401.	0.	0.	9,827.	22,407.	219,635.	0.
(9) KEITH ANDERSON	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & DIRECTOR FROM JAN	(ii)	176,342.	0.	1,020.	9,175.	20,787.	207,324.	0.
(10) PATRICIA GAMBLE	(i)	0.	0.	0.	0.	0.	0.	0.
CFO	(ii)	171,632.	3,000.	0.	9,006.	12,242.	195,880.	0.
(11) ALLISON MADDEN	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	145,067.	0.	1,020.	7,606.	21,570.	175,263.	0.
(12) NORMA ALCANTAR	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	136,695.	6,000.	0.	7,161.	12,877.	162,733.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### 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.

PART I, LINE 3:

THE FOUNDATION HAS NO EMPLOYEES OF ITS OWN. IT HAS A SHARED SERVICES

AGREEMENT WITH THE UNIVERSITY OF SOUTH FLORIDA AND REIMBURSES THE

UNIVERSITY FOR THE USE OF ITS EMPLOYEES. IN ESTABLISHING THE COMPENSATION

FOR THE FOUNDATION'S PRESIDENT, THE UNIVERSITY USED A WRITTEN EMPLOYMENT

CONTRACT.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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. EX 2020 Open to Public Inspection Employer identification number

OMB No. 1545-0047

59-2959590

USF RESEARCH FOUNDATION, INC.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE TAMPA BAY TECHNOLOGY INCUBATOR (TBTI) IS ONE VEHICLE THROUGH WHICH

USF CONNECT GROWS SUCCESSFUL COMPANIES. TBTI SUPPORTS TECHNOLOGY

RESEARCH AS A CATALYST FOR ECONOMIC DEVELOPMENT AND ADVOCATES THE

CREATION AND DEVELOPMENT OF FACILITIES FOR HIGH-TECHNOLOGY COMPANIES

AND RELATED SUPPORT FUNCTIONS. ONE WAY TBTI IS ABLE TO ASSIST IS BY

PROVIDING ACCESS TO CRITICAL COSTLY RESEARCH EQUIPMENT. MANY COMPANIES

ORIGINATE IN THE COMMUNITY AND SEEK OUR SUPPORT TO EVOLVE THEIR

CONCEPTS TO COMMERCIALIZATION.

THE REVENUE AND EXPENDITURES RELATED TO FIDUCIARY ACTIVITIES FOR THE

TAMPA BAY TECHNOLOGY INCUBATOR PROGRAM HAVE BEEN EXCLUDED FROM THE

PROGRAM SERVICES REVENUE AND EXPENSES AS REQUIRED BY THE ADOPTION OF

GASB 84, FIDUCIARY ACTIVITIES. THE USF RESEARCH FOUNDATION HAS

CONTINUED TO PROCESS THE BUSINESS TRANSACTIONS ON BEHALF OF THE

UNIVERSITY.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE (CONSISTING OF CERTAIN MEMBERS OF THE BOARD OF DIRECTORS) HAS AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE RESEARCH FOUNDATION, EXCEPT THAT SUCH EXECUTIVE COMMITTEE SHALL NOT HAVE AUTHORITY TO (A) DESIGNATE INDIVIDUALS FOR THE OFFICE OF DIRECTOR OR MEMBERSHIP ON THE EXECUTIVE COMMITTEE, (B) AMEND THE ARTICLES OF INCORPORATION OR BYLAWS, OR (C) APPROVE THE ANNUAL OPERATING BUDGET.

Schedule O (Form 990 or 990-EZ) 2020	
Name of the organization USF RESEARCH FOUNDATION, INC.	Employer identification number 59-2959590
FORM 990, PART VI, SECTION A, LINE 7A:	

THE UNIVERSITY OF SOUTH FLORIDA PRESIDENT APPOINTS UP TO 2 FACULTY MEMBERS AND UP TO 10 NON-USF FACULTY MEMBERS TO THE BOARD OF DIRECTORS. ONE MEMBER OF THE BOARD OF DIRECTORS IS A DESIGNEE MEMBER OF THE UNIVERSITY OF SOUTH FLORIDA BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS ALSO REQUIRE THE APPROVAL OF THE PRESIDENT OF THE UNIVERSITY OF SOUTH FLORIDA. ADDITIONALLY, THE UNIVERSITY PRESIDENT HAS THE POWER AND DUTY TO MONITOR AND CONTROL THE USE OF UNIVERSITY RESOURCES AND THE UNIVERSITY NAME BY THE RESEARCH FOUNDATION; MONITOR COMPLIANCE OF THE RESEARCH FOUNDATION WITH STATE AND FEDERAL LAWS AND RULES OF THE BOARD OF TRUSTEES; RECOMMEND TO THE BOARD OF TRUSTEES AN ANNUAL BUDGET THAT HAS BEEN APPROVED BY THE RESEARCH FOUNDATION; REVIEW AND APPROVE RESEARCH FOUNDATION EXPENDITURE PLANS AT LEAST QUARTERLY; APPROVE SALARY SUPPLEMENTS AND OTHER COMPENSATION OR BENEFITS PAID TO UNIVERSITY FACULTY AND STAFF FROM THE RESEARCH FOUNDATION'S ASSETS, AND SALARIES, BENEFITS, AND OTHER COMPENSATION PAID TO EMPLOYEES OF THE RESEARCH FOUNDATION CONSISTENT WITH BOARD OF TRUSTEE POLICIES; AND APPROVE CONTRIBUTIONS OF FUNDS OR SUPPLEMENTS, IF ANY, TO SUPPORT INTERCOLLEGIATE ATHLETICS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE REVIEWS AND RECOMMENDS ACCEPTANCE OF THE FORM 990 TO THE BOARD OF DIRECTORS PRIOR TO ITS SUBMISSION. ALSO, A COPY OF THE FORM 990 IS SENT TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS.

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization USF RESEARCH FOUNDATION, INC.	Employer identification number 59-2959590
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY REQUIRES ANNUAL DISCLOSURE	, PROVIDES FOR A
HEARING PROCESS FOR SUSPECTED VIOLATIONS AND CORRECTIVE OR	DISCIPLINARY
ACTION SHOULD THAT HEARING PROCESS DETERMINE A VIOLATION.	PRIOR TO TAKING A
SEAT AS A DIRECTOR OR A COMMITTEE MEMBER, AND ANNUALLY THE	REAFTER AS LONG
AS SUCH PERSON CONTINUES TO SERVE AS A DIRECTOR OR COMMITT	EE MEMBER, SUCH
PERSON SHALL COMPLETE, SIGN AND DELIVER TO THE PRESIDENT O	F THE
ORGANIZATION A DISCLOSURE STATEMENT AFFIRMING THAT SUCH PE	RSON (A) HAS
RECEIVED A COPY OF THE ORGANIZATION'S CONFLICTS OF INTERES	T POLICY, (B) HAS
READ AND UNDERSTANDS THE POLICY, (C) HAS AGREED TO COMPLY	WITH THE POLICY,
AND (D) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE	ORGANIZATION AND
THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUS	T ENGAGE
PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF IT	S TAX-EXEMPT
PURPOSES. IN THE EVENT OF A CONFLICT, THAT PERSON WILL REC	USE
HIMSELF/HERSELF FROM ALL DISCUSSIONS AND VOTES.	

FORM 990, PART VI, SECTION B, LINE 15:

THE FOUNDATION ADHERES TO AN OUTLINED PHILOSOPHY AND STRATEGY WITH REGARDS TO HOW IT DETERMINES COMPENSATION FOR ITS PRESIDENT. THE BASIC PRINCIPLES ARE TO ENSURE PAY IS COMPETITIVE, IS ENHANCED FOR THE ACQUISITION AND APPLICATION OF COMPETENCIES/CONTRIBUTIONS VALUED BY USF, AND IS ENHANCED FOR SUCCESSFUL OUTCOMES.

THE USF RESEARCH FOUNDATION DOES NOT HAVE A FORMAL PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS AS IT DOES NOT COMPENSATE ANY OF ITS BOARD MEMBERS, AND THE OFFICERS ARE COMPENSATED THROUGH A RELATED TAX EXEMPT ORGANIZATION (THE UNIVERSITY OF SOUTH FLORIDA). KEY PERSONNEL IN SUPPORT OF THE FOUNDATION ARE SUBJECT TO COMPENSATION, CLASSIFICATION AND ALL OTHER 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization USF RESEARCH FOUNDATION, INC.	Employer identification number $59 - 2959590$
PERSONNEL POLICIES OF THE UNIVERSITY TO ENSURE REASONABLEN	ESS.
FORM 990, PART VI, SECTION C, LINE 19:	
IT IS THE RESEARCH FOUNDATION'S POLICY, UPON RECEIPT OF A	REASONABLE AND
SPECIFIC REQUEST IN WRITING, TO MAKE PUBLIC RESEARCH FOUND	ATION FINANCIAL
INFORMATION, INCLUDING EXPENDITURES FROM RESEARCH FOUNDATI	ON FUNDS,
DOCUMENTATION REGARDING COMPLETED BUSINESS TRANSACTIONS AN	D INFORMATION
ABOUT THE INVESTMENT AND MANAGEMENT OF RESEARCH FOUNDATION	ASSETS; HOWEVER,
THE RESEARCH FOUNDATION WILL NOT RELEASE PROPRIETARY INFOR	MATION. THE
FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE USF RESEARC	H FOUNDATION
WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PARTNERSHIP INVESTMENT LOSS NOT RECORDED ON BOOKS	6,845.

SCHE	EDU	LE	R

#### (Form 990)

#### Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2020 Open to Public Inspection

Employer identification number 59 - 2959590

Department of the Treasury Internal Revenue Service

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

Name of the organization

USF RESEARCH FOUNDATION, INC.

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
CAUSF RESEARCH, LLC - 34-1982817					
3802 SPECTRUM BLVD., SUITE 100					USF RESEARCH
TAMPA, FL 33612	REAL ESTATE	FLORIDA	٥.	٥.	FOUNDATION, INC.

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
UNIVERSITY OF SOUTH FLORIDA - 59-3102112							
4202 E. FOWLER AVENUE							
TAMPA, FL 33620	EDUCATION	FLORIDA	170(C)(1)	N/A	N/A		Х
	-						
	-						
	_						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

#### USF RESEARCH FOUNDATION, INC. Schedule R (Form 990) 2020

59-2959590 Page 2

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. Part III

	······j· ·····j· ····	· <b>,</b>									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?			or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
	-										
										+	
	-										
	-										
	-										
	4										
	4										

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. Part IV

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)				400010		Yes	No

#### Schedule R (Form 990) 2020 USF RESEARCH FOUNDATION, INC.

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

_									
No	te: 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?			X					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	<b>b</b> Gift, grant, or capital contribution to related organization(s)								
	Gift, grant, or capital contribution from related organization(s)	1c		X					
	Loans or loan guarantees to or for related organization(s)	1d		X					
	Loans or loan guarantees by related organization(s)	1e		X					
f	Dividends from related organization(s)	1f		X					
g	Sale of assets to related organization(s)	1g		X					
	Purchase of assets from related organization(s)	1h		X					
i	Exchange of assets with related organization(s)	1i		Х					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X						
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х					
I	Performance of services or membership or fundraising solicitations for related organization(s)	11	X						
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х					
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х					
	Sharing of paid employees with related organization(s)	10	X						
р	Reimbursement paid to related organization(s) for expenses	1p		Х					
	q Reimbursement paid by related organization(s) for expenses								
-									
r	r Other transfer of cash or property to related organization(s)								
s	s Other transfer of cash or property from related organization(s)								
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 organizatior	n ( <b>i</b> Trans type	action Amount involve	(d) ed Method of determining amount involved	
(1)				
<u>(2)</u>				
(3)				
(4)				
(5)				
_(6)				

## Schedule R (Form 990) 2020 USF RESEARCH FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	<b>(g)</b> Share of end-of-year assets	(r Disprotion allocat Yes	) opor- ate ions? <b>No</b>	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2020

## USF RESEARCH FOUNDATION, INC.

## Schedule R (Form 990) 2020 USF Part VII Supplemental Information

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

	***** THIS IS NOT A	A FILEABLE COPY *****		
Form 8879-EO	IRS e-file Sign for an Exen	ature Authorization opt Organization	(	OMB No. 1545-0047
		L 1 , 2020, and ending JUN 30 , 2	<b></b>	
		e IRS. Keep for your records.	20 <u>2 1</u>	2020
Department of the Treasury Internal Revenue Service		n8879EO for the latest information.		
Name of exempt organization			Taxpayer identif	ication number
USF RESEARCH	FOUNDATION, INC.		59-2959	590
Name and title of officer or pe				
DR SYLVIA THO				
	HIEF EXECUTIVE OFFICER			
	Return and Return Information (W	••		
	rn for which you are using this Form 8879-EO <b>2a, 3a, 4a, 5a, 6a,</b> or <b>7a</b> below, and the amou			ou
	2b, 3b, 4b, 5b, 6b, or 7b, whichever is applica			
	e applicable line below. <b>Do not</b> complete mo			
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 99	90 Part VIII. column (A) line 12)	1b	
2a Form 990-EZ check here		m 990-EZ, line 9)		
3a Form 1120-POL chec		POL, line 22)		
4a Form 990-PF check h		t income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here		line 3c)		
6a Form 990-T check her		rt III, line 4)		0.
7a Form 4720 check here	b Total tax (Form 4720, Par	t III, line 1)	7b	
	ion and Signature Authorization of			
	I declare that X I am an officer of the abo			
	rn and accompanying schedules and stateme			nave examined a copy
processing the return or re Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne identification number (PIN)	an acknowledgement of receipt or reason for fund, and (c) the date of any refund. If applic nic funds withdrawal (direct debit) entry to the e federal taxes owed on this return, and the f the U.S. Treasury Financial Agent at 1-888-34 thorize the financial institutions involved in th cessary to answer inquiries and resolve issue as my signature for the electronic return and	able, I authorize the U.S. Treasury and its de e financial institution account indicated in the inancial institution to debit the entry to this a 53-4537 no later than 2 business days prior to e processing of the electronic payment of tax is related to the payment. I have selected a p	esignated Finance tax preparation ccount. To revol the payment tes to receive personal	ial 1
PIN: check one box only				59590
<b>X</b> lauthorize CH	ERRY BEKAERT LLP		to enter my PIN	
	ERO firm na	ime		Enter five numbers, but do not enter all zeros
a state agency(ie	on the tax year 2020 electronically filed return es) regulating charities as part of the IRS Fed/ n's disclosure consent screen.			-
electronically file	person subject to tax with respect to the orga of return. If I have indicated within this return ies as part of the IRS Fed/State program, I wi	that a copy of the return is being filed with a	state agency(ies	
Signature of officer or person subject Part III Certifica	tion and Authentication	A FILEABLE COPY ***	Date 🕨	
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification			
number (EFIN) followed by	your five-digit self-selected PIN.	59395517122 Do not enter all zeros		
-	neric entry is my PIN, which is my signature c eturn in accordance with the requirements of siness Returns.			
ERO's signature 🕨		Date 🕨		
	ERO Must Retain Th	is Form - See Instructions		
		he IRS Unless Requested To Do S	30	

LHA For Paperwork Reduction Act Notice, see instructions.

	EXTENDED TO MAY 16, 2022						
Form <b>990-T</b>							
	(and proxy tax under section 6033(e))						
	For calendar year 2020 or other tax year beginning JUL 1, 2020 , and ending JUN 30, 202	1	2020				
Department of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest information.	— L					
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	. 5	Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if address changed.	Name of organization ( Check box if name changed and see instructions.)	DEmploy	yer identification number				
B Exempt under section	Print USF RESEARCH FOUNDATION, INC.	59	9-2959590				
<b>X</b> 501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)	or Number, street, and room or suite no. If a P.O. box, see instructions.		exemption number structions)				
408(e) 220(e) 408A 530(a)	Site of the state of province, country, and ZID of foreign postal and	-					
529(a) 529S	City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33612		Check box if				
023(u)0230	C Book value of all assets at end of year	┦	an amended return.				
G Check organization		Applicab	le reinsurance entity				
H Check if filing only to		1-1	<u> </u>				
	organization filing a consolidated return with a 501(c)(2) titleholding corporation						
	attached Schedules A (Form 990-T)	1					
	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No				
	ame and identifying number of the parent corporation.						
L The books are in car	re of ▶DR. SYLVIA THOMAS Telephone number ▶	(813)	) 974-4011				
Part I Total Uni	related Business Taxable Income						
1 Total of unrelated	business taxable income computed from all unrelated trades or businesses (see						
instructions)		1	-7,845.				
2 Reserved		2					
3 Add lines 1 and 2		3	-7,845.				
4 Charitable contrib	utions (see instructions for limitation rules)	4	0.				
5 Total unrelated bu	siness taxable income before net operating losses. Subtract line 4 from line 3	5	-7,845.				
6 Deduction for net	operating loss. See instructions	6	0.				
7 Total of unrelated	business taxable income before specific deduction and section 199A deduction.						
Subtract line 6 fro		7	-7,845.				
	n (generally \$1,000, but see instructions for exceptions)	8	1,000.				
	99A deduction. See instructions	9	1 000				
	. Add lines 8 and 9	10	1,000.				
	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		0				
Part II Tax Com	nutation	11	0.				
	•		0.				
	xable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.				
2 Trusts taxable at Part I, line 11 from	trust rates. See instructions for tax computation. Income tax on the amount on h: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)						
		2					
-		4					
		5					
	Im tax (trusts only)	6					
	through 6 to line 1 or 2, whichever applies	7	0.				
	Reduction Act Notice, see instructions.		Form 990-T (2020)				
•			. ,				

Form 9	90-T (2020)			Pa	age <b>2</b>
Part	III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)				
b	Other credits (see instructions) 1b				
с	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 1a through 1d	1e			
2	Subtract line 1e from Part II, line 7	2			0.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866				
	Other (attach statement)	3			
4	Total tax. Add lines 2 and 3 (see instructions).				
	section 1294. Enter tax amount here	4			0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5			0.
6a	Payments: A 2019 overpayment credited to 2020 6a				
b	2020 estimated tax payments. Check if section 643(g) election applies				
с	Tax deposited with Form 8868				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d				
е	Backup withholding (see instructions) 6e				
f	Credit for small employer health insurance premiums (attach Form 8941) 6f				
g	Other credits, adjustments, and payments: Form 2439				
	□ Form 4136 Other Total ▶ 6g				
7	Total payments. Add lines 6a through 6g	7			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8			
9	Tax due.       If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10			
	Enter the amount of line 10 you want: Credited to 2021 estimated tax   Refunded	11			
Part	<b>IV</b> Statements Regarding Certain Activities and Other Information (see instructions)				
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority		Y	es	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here				<u>X</u>
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a				
	foreign trust?		L		<u>X</u>
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year				
4a	Did the organization change its method of accounting? (see instructions)		L		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"				
	explain in Part V	<u></u>			
Part	V Supplemental Information				

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other than Signature of officer	taxpayer) is based on all information of P	which preparer has any knowled RESIDENT & C XECUTIVE OFF		May t the pr	the IRS discuss this return with reparer shown below (see inctions)?
Paid Preparer	Print/Type preparer's name AMANDA ADAMS	Preparer's signature	Date	Check self- employe	if ed	PTIN P00748038
Use Only	Firm's name CHERRY BEKAE	· · · · · · · · · · · · · · · · · · ·	'E 1200	Firm's EIN		<u>56-0574444</u> 3-251-1010
		55002		Thome no.	01	Form <b>990-T</b> (2020)

	IEDULE A m 990-T)	Unrelated Busin	ess	Taxable I	ncor	ne		OMB No.	1545-0047
(101	in 990-1)	From an Unrelate		20	20				
	ment of the Treasury Revenue Service	ormation. ation is a 501(c	)(3).	Open to Publi	c Inspection for anizations Only				
<b>A</b> N	ame of the organizatio	ARCH FOUNDATION, INC.				B Employe	er identific 95959		er
<b>c</b> ι	Inrelated business a	activity code (see instructions)  90110	1			D Sequen	ce: 1	L of	1
EC	escribe the unrelat	ed trade or business  PARTNERSHIP	INVE	STMENTS					
Par		Trade or Business Income		(A) Income		(B) Expens	ses	(C)	Net
1a	Gross receipts or s	sales							
b	Less returns and allo	wances c Balance 🕨	1c						
2	Cost of goods sold	d (Part III, line 8)	2						
3	Gross profit. Subtr	ract line 2 from line 1c	3						
4 a	Capital gain net in	come (attach Sch D (Form 1041 or Form							
	1120)) (see instruc	tions)	4a						
b		rm 4797) (attach Form 4797) (see instructions)	4b						
С		tion for trusts	4c						
5		a partnership or an S corporation (attach TEMENT 1	5	-6,8	45.			_	6,845.
6	Rent income (Part	IV)	6						
7		anced income (Part V)	7						
8		royalties, and rents from a controlled VI)	8						
9	Investment income	e of section 501(c)(7), (9), or (17)							
	organizations (Par	t VII)	9						
10	Exploited exempt	activity income (Part VIII)	10						
11	Advertising incom	e (Part IX)	11						
12	Other income (see	instructions; attach statement)	12						
13	Total. Combine lin	es 3 through 12	13	-6,8	45.			_	6,845.
Par	directly co	IS Not Taken Elsewhere (See instruction nected with the unrelated business in the second seco	come					s must b	e
1		officers, directors, and trustees (Part X)							
2		S							
3		enance							
4									
5		atement) (see instructions)							
6	Taxes and licenses	5			l		6		
7		ch Form 4562) (see instructions)							
8 9							9		
9 10		eferred compensation plans							
11		programs							
12	Employee benefit	penses (Part VIII)					12		
13		costs (Part IX)					13		
14	Other deductions	(attach statement)		SEE S	TATE	MENT 2			1,000.
15		Add lines 1 through 14							1,000.
16		s income before net operating loss deduction. Su							
					'	,	16	_	7,845.
17		operating loss (see instructions)							0.
18		ss taxable income. Subtract line 17 from line 16						_	7,845.
LHA		Reduction Act Notice, see instructions.							990-T) 2020

ENTITY

1

Schedule A	(Form	990-T)	2020
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					ENTITY 1
Sched Part	ule A (Form 990-T) 2020				Page 2
		nod of inventory valua			
1					
2 3	Purchases				
4	Cost of labor Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total.         Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter I				
9	Do the rules of section 263A (with respect to property p	produced or acquired	for resale) apply to the o	rganization?	Yes No
Part	IV Rent Income (From Real Property and	l Personal Prope	rty Leased with Re	al Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Checl	k if a dual-use (see instru	ctions)	
	A				
	в				
	c 🔄				
	D		I I		1
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part L line 6, co		0.
3	Deductions directly connected with the income	Through D. Enter Here			
4	in lines 2(a) and 2(b) (attach statement)				
-					
5	Total deductions. Add line 4 columns A through D. Er	ter here and on Part I	line 6. column (B)		0.
Part			,	<b>F</b>	
1	Description of debt-financed property (street address, o		Check if a dual-use (see i	nstructions)	
	A 🗌	<b>,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, i i i i i i i i i i i i i i i i i i i		
	в				
	c 🗌				
	D 🗌				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	9	6 %	%	%
7	Gross income reportable. Multiply line 2 by line 6			<b>`</b>	
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	art I, line 7, column (A)	▶	0.
~			<u>г</u>		1
9 10	Allocable deductions. Multiply line 3c by line 6		d on Dort Lling 7 ask		0.
10 11	Total allocable deductions. Add line 9, columns A thr Total dividends-received deductions included in line				0.
11				····· // // // // // // // // // // // /	0.

			•
11	Total dividends-received deductions	included in line 10	)

<u> </u>											
	VI Interest, Annu		oyalties, and Re	ents fror	n Contro	led Or	ganization	S (se	e instruct	ions)	Page 3
							Exempt Contro				
	organization identification ir		incon	3. Net unrelated 4. Total of		al of specified nents made controlling org		rt of colur included	nn 4 in the iniza-	6. Deductions directly connected with income in column 5	
(1)									greee me		
(2)											
(3)											
(4)											
<u></u>			No	nexempt C	Controlled O	rganizati	ons			1	
7	7. Taxable Income	ir	Net unrelated ncome (loss) e instructions)	<b>9.</b> To	otal of speci yments mac	fied	<b>10.</b> Part that is inc	luded i	n the ation's		Deductions directly connected with come in column 10
(1)											
(2)											
(3)											
(4)											
Totals			-6 - 0 +	4 ( _ \ / 7 \ /	0) (17)	<b>•</b>	Enter here line 8, c	column	(A) 0.		r here and on Part I, ne 8, column (B) 0 •
Part			of a Section 50	1(C)(7), (	<u>, , , ,</u>				ructions)		<b>– –</b>
	<b>1.</b> Desc	cription of	income		2. Amou incor		3. Deduction directly conn (attach state)	ected	<b>4.</b> Set- (attach st		t) 5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
Totals				►	Add amo column 2 here and o line 9, colu	. Enter n Part I, umn (A) <b>0</b> •					Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part	VIII Exploited E	xempt /	Activity Income,	Other T	han Advo	ertising	g Income	(see ins	tructions)		
1	Description of exploite	ed activity:									
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	<b>n (A)</b> .		2	
3	Expenses directly con	nected with	th production of unre	elated busi	ness incom	e. Enter l	here and on Pa	art I,			
	line 10, column (B)									3	
4	Net income (loss) from					•	<b>,</b> ,				
	lines 5 through 7									4	
5	Gross income from ac	tivity that	is not unrelated busi	ness incor	ne					5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2020

		%	
		%	
art II, line 1 ntal Information (s			0.
ntal Information (Second	ee instructions)		

Page 4

Part IX	Advertising I
Schedule A	(Form 990-T) 2020

Part					
1	Name(s) of periodical(s). Check box if reporting	, two or more periodicals on	a consolidated basi	S.	
	A				
	В				
	c 🗌				
	D				
Inter a	amounts for each periodical listed above in the c	orresponding column.			
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on F			•	0
а	Ũ	, , , , ,			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on F		1	 ►	0.
u				······	
4	Advertising gain (loss). Subtract line 3 from line				
•	2. For any column in line 4 showing a gain,	,			
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
_	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre	ater of the line 8a, columns	total or zero here ar	id on	_
	Part II, line 13				0.
Part	X Compensation of Officers, Dire	ectors, and Trustees	(see instructions)		
			<b>2.</b> Title		4. Compensation
	1. Name	<b>2.</b> Title			attributable to
				to business	unrelated business
1)				%	
2)				%	
(3)				%	
4)				%	
Total	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (see	instructions)			
	<u> </u>	,			

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1	
DESCRIPTION		NET INCOME OR (LOSS)	
CAHABA PHARMACEUTIC (LOSS) PUREMOLECULAR LLC - NEW DAY DIAGNOSTICS (LOSS)	-6,670. 54. -229.		
TOTAL INCLUDED ON S	-6,845.		
FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2	
DESCRIPTION	AMOUNT		
TAX PREPARATION FEE	1,000.		
TOTAL TO SCHEDULE A	, PART II, LINE 14	1,000.	

SCHEDULE O
(Form 1120)
(Rev. December 2018)

Department of the Treasury

Internal Rev

## Consent Plan and Apportionment Schedule for a Controlled Group

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
 Go to www.irs.gov/Form1120 for instructions and the latest information.

Name	Employer identification number
USF RESEARCH FOUNDATION, INC.	59-2959590
Part I Apportionment Plan Information	
<ul> <li>Type of controlled group:</li> <li>a X Parent-subsidiary group</li> <li>b Brother-sister group</li> <li>c Combined group</li> <li>d Life insurance companies only</li> </ul>	
<ul> <li>2 This corporation has been a member of this group:</li> <li>a X For the entire year.</li> <li>b From</li></ul>	
<ul> <li>3 This corporation consents and represents to:</li> <li>a X Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on JUNE 30, 2021 , and for all succeeding tax years.</li> <li>b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending , and for all succeed years.</li> </ul>	ding tax
<ul> <li>c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.</li> <li>d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on, and succeeding tax years.</li> </ul>	for all
<ul> <li>4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:</li> <li>a Elected by the component members of the group.</li> <li>b Required for the component members of the group.</li> </ul>	
<ul> <li>5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).</li> <li>a No apportionment plan is in effect and none is being adopted.</li> <li>b An apportionment plan is already in effect. It was adopted for the tax year ending for all succeeding tax years.</li> </ul>	, and
<ul> <li>6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.</li> <li>a Yes.</li> <li>(i) The statute of limitations for this year will expire on</li> <li>(ii) On, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until</li> </ul>	
<b>b</b> No. The members may not adopt or amend an apportionment plan.	

7 If the corporation has a short tax year that does not include December 31, check the box. See instructions.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

		"	Apportionment		
(a) Group member's name and employer identification number		<b>(b)</b> Tax year end (Yr-Mo)	<b>(c)</b> Accumulated earnings credit	<b>(d)</b> Penalty for failure to pay estimated tax	<b>(e)</b> Other
	50 0050500	21.00			
USF RESEARCH FOUNDATION, INC. 2 THE UNIVERSITY OF SOUTH FLORIDA BOARD OF	59-2959590	21-06			
Z THE UNIVERSITY OF SOUTH FLORIDA BOARD OF TRUSTEES	59-3102112	21-06			
3 UNIVERSITY OF SOUTH FLORIDA ALUMNI					
ASSOCIATION, INC.	23-7357236	21-06			
4					
UNIVERSITY OF SOUTH FLORIDA FOUNDATION	59-0879015	21-06			
5 USF HEALTH PROFESSIONS CONFERENCING					
CORPORATION	16-1765073	21-06			
6 UNIVERSITY OF SOUTH FLORIDA INSTITUTE OF APPLIED ENGINEERING	83-1012625	21-06			
7		22 00			
SUN DOME, INC.	59-2051855	21-06			
8 UNIVERSITY MEDICAL SERVICE ASSOCIATION					
INC.	23-7313346	21-06			
9 USF FINANCING CORPORATION	20-2865561	21-06			
10					
USF PROPERTY CORPORATION	20-2878274	21-06			
Total					Form 1120) (Bey 12-2018

Schedule O (Form 1120) (Rev. 12-2018)