# **Return of Organization Exempt From Income Tax**

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

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

2019

DLN: 93493343014020 OMB No. 1545-0047

Form <b>990</b>
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Departi reasui nterna	ry	of the enue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.										
A Fo	or th	e 2019 c	alendar year, or tax year be	ginning 06-01-2019 , and ending 05	-31-2020								
Che	ck if a dress	pplicable: change	<b>C</b> Name of organization The University of Tampa Incorpo			<b>D Employ</b> 59-062		fication number					
□ Init	tial re	_	Doing business as										
□ Am	ende	nyterminated d return on pending	Number and street (or P.O. box	if mail is not delivered to street address) Room	/suite	E Telepho (813) 2	ne numbe 253-6210						
			City or town, state or province, or Tampa, FL 336061490	country, and ZIP or foreign postal code				365,631,851					
			<b>F</b> Name and address of princ	cipal officer:	H(a) is	this a group re							
			Ronald L Vaughn 401 W Kennedy Blvd Tampa, FL 336061490		su <b>H(b)</b> Ar	ibordinates? e all subordina		□Yes ☑No □Yes □No					
Tax	k-exer	mpt status:	501(c)(3) 501(c)()	◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	I	cluded? "No," attach a	list. (see						
W	ebsit	te:► ww	w.ut.edu		H(c) Gr	oup exemption	n numbe	r <b>&gt;</b>					
<b>(</b> Forn	n of o	rganization	: 🗹 Corporation 🗌 Trust 🔲 A	Association  Other	L Year of fo	ormation: 1931	M State	e of legal domicile: FL					
Pa	irt I		mary				•						
			scribe the organization's missio ersity of Tampa is committed to	n or most significant activities: the development of each student to beco	me a product	rive and respon	nsible citi	zen.					
ž.	:	THE OTHER	ersity of rampa is committee to	the development of each student to beco	me a produce	ive and respon	isible citi	2011.					
Ē	-												
Governance					·	.=0/ 6::							
9			of voting members of the gover	discontinued its operations or disposed o	f more than 2		assets.	45					
đ	l		-	s of the governing body (Part VI, line 1b)			4	42					
ACUVIUES &	l		•	calendar year 2019 (Part V, line 2a)			5	3,317					
Ĕ	l		' '	necessary)			6	800					
<u>ا</u>	l		•	Part VIII, column (C), line 12			7a	<del> </del>					
•	l			from Form 990-T, line 39			7b	<u> </u>					
	_	TTCC GITTC	idea basiness taxable income i	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	Prior Year	1/2	Current Year					
	8	Contribu	tions and grants (Part VIII, line	16)		20,032,	974	25,509,193					
₹	l		service revenue (Part VIII, line	308,799,	-	318,406,646							
Ravenue	l	-	•	x), lines 3, 4, and 7d )		-3,389,	-						
æ	l							3,860,668					
	l		venue (Part VIII, column (A), lin	•		1,962, 327,405,		2,160,668 349,937,175					
				must equal Part VIII, column (A), line 12)									
	l		, ,	X, column (A), lines 1–3 )		75,487,		86,492,503					
	l			, column (A), line 4)	, <del>                                    </del>	05 550	0	0 207 479					
Expenses	15	•	, , , , ,	behavior (A) line 11.	, <del>                                    </del>	85,558,		89,207,478					
ર્ક	Ι.		- ,	olumn (A), line 11e)			0	0					
3	l		raising expenses (Part IX, column (I	· · · · · · · · · · · · · · · · · · ·		110.074	064	115.075.063					
	l			es 11a-11d, 11f-24e)		119,074,		115,975,062					
	l		· ·	equal Part IX, column (A), line 25) 3 from line 12		280,120, 47,285,		291,675,043 58,262,132					
ω	19	Revenue	less expenses. Subtract fille 16	SHOIII III III II II II II II II II II II	Reginn	ing of Current		End of Year					
o si					Degiilli	g or carrent							
Net Assets of Fund Balances	20	Total ass	sets (Part X, line 16)			720,644,	,707	788,681,570					
Z Z	l		pilities (Part X, line 26)			202,119,	-	215,301,597					
ΣΞ	22	Net asse	ts or fund balances. Subtract lir	ne 21 from line 20		518,525,	,000	573,379,973					
	rt II		ature Block										
nowl	edge			amined this return, including accompanyi ete. Declaration of preparer (other than o									
		****	*			2020-12-08							
Sign		Signat	cure of officer			Date							
ign Iere		Panal	d Vaughn President										
			or print name and title										
			Print/Type preparer's name	Preparer's signature	Date		PTIN						
Paic	ł					Check L if self-employed	P0132060	03					
Prep		er 🗔	Firm's name	•		Firm's EIN ► 35	5-0921680	1					
Jse		H	Firm's address • 401 Foot Los O' F	Rlvd Suita 1100		Phone To (OF 1)	202 000						
<i>,</i>	<b>U</b> II	ا و…	Firm's address > 401 East Las Olas E			Phone no. (954)	202-8600	J					

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

Form	990 (2019)					Page <b>2</b>
Pa	rt III Statement	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III				
	Check if Schee	dule O contains a resp	onse or note to	any line in this Part III		
1	Briefly describe the o	organization's mission:				
			ependent Univer	sity that delivers challer	nging and high quality educa	ational experiences to a diverse
2	the prior Form 990 o	r 990-EZ?		vices during the year w	hich were not listed on	. □Yes ☑No
3				changes in how it cond	icta any program	
3	services?				ucts, any program	. □ Yes ☑ No
4	Section 501(c)(3) and	d 501(c)(4) organizati	ons are required	I to report the amount o		
4a	(Code:	) (Expenses \$	91,657,810	including grants of \$	0 ) (Revenue \$	276,005,610 )
	See Additional Data					
4b	(Code:	) (Expenses \$	86,492,503	including grants of \$	86,492,503 ) (Revenue \$	0)
	See Additional Data					
4c	(Code:	) (Expenses \$	28,559,258	including grants of \$	0 ) (Revenue \$	726,366 )
	See Additional Data					
	(Code:	) (Expenses \$	49,803,919	including grants of \$	0 ) (Revenue \$	6 42,003,998 )
	PURPOSE OF THE AUXIL ENHANCING LIFE AT TH LIMITED AND IS OFFERE	IARY SERVICES OFFICE IS E UNIVERSITY. DINING S ED ONLY TO FULL TIME ST	S TO PROVIDE THE ERVICES OFFER A ' TUDENTS. THE UNI	STUDENTS WITH SERVICE VARIETY OF DINING VENUE	S AND ACTIVITIES THAT TAKE P S FOR THE STUDENTS AND VISI	PLACE OUTSIDE THE CLASSROOM, ITORS. CAMPUS HOUSING IS
4d	Other program service	ces (Describe in Sched	ule O.)			
	(Expenses \$	49,803,919 inc	luding grants of	\$	) (Revenue \$	42,003,998 )
	Total program serv		256,513,4	•		

	990 (2019)			Page 3
Par	Checklist of Required Schedules		V	NI -
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	Yes Yes	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Form 99	No

Di arra Sa Di the co	Checklist of Required Schedules (continued)  id the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, plumn (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 23 24a 24b	Yes Yes Yes	No
Di arra Sa Di the co	olumn (A), line 2? If "Yes," complete Schedule I, Parts I and III	23 24a	Yes	No
Di arra Sa Di the co	olumn (A), line 2? If "Yes," complete Schedule I, Parts I and III	23 24a	Yes	
ar So Di th co Di to Di to Di tr:  Is th So Di of m Di er a	In digital former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete chedule J	24a		
th coordinates of the coordinate	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		Yes	
Di to Di Setri Is the So Di off m Di erra	id the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?	24b		
to Di Setri	defease any tax-exempt bonds?			No
Set trails the Set of m Di er a	id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		No
Is the Solution of the Direction of the Islandian of the		24d		No
th So Of of m Di er a	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ansaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
of m Di er a	the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and lat the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete chedule L, Part I	25b		No
er a	id the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former fficer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family tember of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	id the organization provide a grant or other assistance to any current or former officer, director, trustee, key mployee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete chedule L,Part III	27	Yes	
in	as the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV structions for applicable filing thresholds, conditions, and exceptions):			
	current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," omplete Schedule L, Part IV	28a	Yes	
Α	family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"	28c	Yes	NO
	id the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
Di	id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ontributions? If "Yes," complete Schedule M	30		No
	id the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	id the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete chedule N, Part II	32		No
	id the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 01.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	as the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and art V, line 1	34	Yes	
Di	id the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity ithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	ection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related rganization? If "Yes," complete Schedule R, Part V, line 2	36		No
	id the organization conduct more than 5% of its activities through an entity that is not a related organization and that treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	id the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b>	38	Yes	
ırt V	ll Form 990 filers are required to complete Schedule O	30	1 1	I
		30		
Er		•		

1b

**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

**1**c

Yes

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
ь	this return	3,317 <b>2b</b>	Yes	
3a	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?	over, a 4a		No
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 (FE	BAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	ation <b>6a</b>		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift not tax deductible?	s were 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and provided to the payor?	services <b>7a</b>		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	Form <b>7h</b>		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.			
a	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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b				
11	Section 501(c)(12) organizations. Enter:			
a				
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? <b>12a</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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		.,,,
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or parachute payment(s) during the year?		Yes	
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	16		No

-01111	990 (2	.019)			Page
Par	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines <b>V</b>
Se	ction	A. Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 45			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O.			
b	Enter	the number of voting members included in line 1a, above, who are independent  1b 42			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2	Yes	
3		e organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did th	e organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	e organization become aware during the year of a significant diversion of the organization's assets?	5		No
6		e organization have members or stockholders?	6		No
	memb	e organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7a		No
b	persor	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b		No
8		e organization contemporaneously document the meetings held or written actions undertaken during the year by llowing:			
а	The g	overning body?	8a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction	<b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	Code		I
				Yes	No
		e organization have local chapters, branches, or affiliates?	10a		No
	and b	s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	form?		11a	Yes	
		ibe in Schedule O the process, if any, used by the organization to review this Form 990			
		e organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	conflic		12b	Yes	
С		le organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in fulle O how this was done	12c	Yes	
13	Did th	e organization have a written whistleblower policy?	13	Yes	
14		e organization have a written document retention and destruction policy?	14	Yes	
15		ne process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	officers or key employees of the organization	15b	Yes	
		s" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	taxabl	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a	Yes	
b	in join	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt with respect to such arrangements?	16b	Yes	
Se		C. Disclosure			
17	List th	ne states with which a copy of this Form 990 is required to be filed▶ FL			
18		on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.			
	□∘	own website $\ \square$ Another's website $\  ot value of the property of the proper$			
19		ibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest, and financial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records: SHALL PHILLIPS 401 W KENNEDY BLVD TAMPA, FL 336061490 (813) 257-6307			
			F	orm 99	O (2019

<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>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 organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>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 \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (B)  Average hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (B)  Average hours per week (list any hours per week list any hours per week (list any hours per week list any hours pe</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See 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 organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations 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.  ■ (B)  Name and title  ■ (C)  Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  List all of the organization's furrent key employees, if no. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee.  (B)  A Reportable compensation or trustee of the organization or trustee.  (C)  (B)  A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.  ■ List all of the organization which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. 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.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization of from the organization of from the organization of from the organization organi	year.		•						, ,		-	n's ta	Κ
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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
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 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ 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)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		, ,	relate	ated	
	See Additional Data Table												
													—
													—

Form 990 (2019)															Page <b>8</b>
Part VII Section A. Officers, Dire	ctors, Trustees	s, Key	Emp	loye	es,	and	High	nest Co	mpensa	ated I	Emplo	yees (	contir	nued)	
<b>(A)</b> Name and title	than d	Position (do not check more than one box, unless person is both an officer and a director/trustee) Rep comp							portable Repo pensation compe om the from unization organ		rtable nsation related zations 1099-		Estima Estima Imount o compen from rganizat	ated of other sation the	
	for related organizations below dotted line)  for institutional Trustee  or director  for related organizations below dotted line)    Institutional Trustee   W-2/1099-MISC)   (W-2/1099-MISC)   (W-2/1099-MISC)											related organizations			
See Additional Data Table															
													+		
													+		
1b Sub-Total						<u> </u>			П				┰┷		
1b Sub-Total	Part VII. Section			•		<b>-</b>									
						▶		3,	557,614			0			742,222
Total number of individuals (including of reportable compensation from the compensa			e list	ed a	bove	e) who	rece	eived mo	re than	\$100,	000				
3 Did the organization list any forme line 1a? If "Yes," complete Schedule			ee, k	ey e	mple	oyee,	or hi	ghest cor	mpensat	ed em	ployee	on		Yes	No
For any individual listed on line 1a, organization and related organization individual	is the sum of rep	ortable (									e •		3 4	Yes	No
5 Did any person listed on line 1a rec services rendered to the organization									tion or i	ndivid • •	ual for	.	5		No
Section B. Independent Contrac	ctors														_
Complete this table for your five hig from the organization. Report comp	ensation for the o										tax yea		pens		
	(A) e and business addre	ess									(B) on of se	rvices		Comper	sation
Sodexo Campus Food Service 401 W KENNEDY BLVD BOX 62F									FOOD SE	RVICES	>			16	,524,610
TAMPA, FL 336061450 EWI Construction LLC									CONSTRI	JCTION	1			8	,371,388
1717 E 9th Ave TAMPA, FL 33605															
Friedrich Watkins of Tampa LLC									CONSTR	JCTION	CONTR	ACTOR		4	,074,620
5515 PIONEER PARK BLVD TAMPA, FL 33634 Fortune Street Partners Ltd								STUDEN <sup>-</sup>	T HOUS	ING			3	,283,805	
111 West Fortune Street Tampa, FL 336023206															,,
Dynamic Campus Solutions Inc									IT CONS	JLTING	i			2	,639,190
2806 Flintrock Trace Suite A205 Austin, TX 78738															
2 Total number of independent contract compensation from the organization		not lim	ited t	o th	ose	listed	abov	ve) who r	eceived	more	than \$	100,000	) of	<u> </u>	- (0.5.1.5.)

Part V		(2019)  Statement	of R	evenue						Page <b>9</b>
e ill	· •				a respo	onse or note to any	line in this Part VIII		<u></u> .	🗆
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	1	a Federated campa	igns		1a			revenue		312 - 314
, Grants Amounts		<b>b</b> Membership dues	5.		<b>1</b> b					
اع وزر		<b>c</b> Fundraising even	ts .		1c					
. Giffs, nilar A		d Related organizat	tions	i	1d					
5 ૄૄ		e Government grants	(cont	ributions)	1e	9,087,283				
Sir		f All other contributio and similar amounts	ns, gi s not	ifts, grants, included						
Contributions, Gifts, Grants and Other Similar Amounts		above g Noncash contributio lines 1a - 1f:\$			1f	16,421,910				
Cont and		h Total. Add lines :	1 - 16	£	1g	6,269,874				
ه د		n Total. Add lines .	14-11		•	During Gode	25,509,193	1	Т	
	٦.	a Tuition and Fees				Business Code	276,005,610	276,005,610		
	28	a rulion and rees				611310				
Program Service Revenue		Education Related Au	xiliary	y Sales		611710	41,545,611	41,545,611		
ea	C	Educational Services				611710	416,898	416,898		
Xer vi	c	Student Services				611710	183,403	183,403		
3 [		-				511/10	126.065	126.065		
ogra	•	Student Affairs				611710	126,065	126,065		
ξ	_	E All all and				+	129,059	129,059	0	(
		f All other program								
$\dashv$		Investment income				318,406,646	1		Τ	
	3	similar amounts) .	(Incl	· · ·	enas, i	nterest, and other	2,313,655		-116,714	2,430,369
		Income from invest	men	t of tax-exe	mpt bo	ond proceeds				
	5	Royalties	<u>.</u>			1	71,975			71,97!
				(i) Re	al	(ii) Personal	$\dashv$			
	6a Gross rents         6a         545,824           b Less: rental expenses         6b         558,336           c Rental income or (loss)         6c         -12,512				545,824	1				
					558.336	5				
							1			
		or (loss)			-12,512		0 -12,512			10.54
	,	<b>d</b> Net rental income	or(	•	· ·	(ii) Other	-12,312			-12,512
	7a Gross amount from sales of assets other (i) Securities (i) Securities						0			
	b	than inventory  Less: cost or other basis and	7b	13.	720,482	1,415,85	8			
		sales expenses	7c							
		Gain or (loss)  d Net gain or (loss)	$\Box$		962,871		8 1,547,013			1,547,01
Other Revenue		a Gross income from fu (not including \$ contributions reported	ındrai	sing events of		•				, ,
<u>रू</u>		See Part IV, line 18	•		8a					
œ	ı	<b>b</b> Less: direct expen	ses		8b					
hei	•	<b>c</b> Net income or (los	s) fr	om fundrais	ing ev	ents	_			
	9a	Gross income from See <b>Part</b> IV, line 19			9a					
	ı	<b>b</b> Less: direct expen	ses		9b		1			
	•	<b>c</b> Net income or (los	s) fr	om gaming	activiti	ies	_			
:	10	aGross sales of inve returns and allowa			105					
	ı	<b>b</b> Less: cost of good			10a 10b		-			
		c Net income or (los					_			
		Miscellaneo	us Re			Business Code				
	11	<b>1a</b> Health Center Fee	es			62149	8 1,771,877			1,771,877
	١	<b>b</b> Forfeited Deposits	i			90009	9 212,805	212,805		
	•	C Parking/Library Fi	nes			90009	9 116,523	116,523		
		d All other revenue					0	0	0	(
		e Total. Add lines 1				>		-		
		<b>2 Total revenue.</b> S					2,101,205			
			III	40010113	• •		349,937,175	318,735,974	-116,714	5,808,722 Form <b>990</b> (2019)

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c				mn (A).
Check if Schedule O contains a response or note to an	ny line in this Part IX			<u> L</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	86,374,603	86,374,603		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	117,900	117,900		
<b>4</b> Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,447,087	823,614	1,623,473	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
<b>7</b> Other salaries and wages	69,570,680	62,217,949	5,516,259	1,836,472
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,639,944	2,176,567	362,114	101,263
9 Other employee benefits	9,705,354	7,927,954	1,503,617	273,783
<b>10</b> Payroll taxes	4,844,413	4,245,491	475,088	123,834
11 Fees for services (non-employees):				
a Management	0	0	0	0
<b>b</b> Legal	179,177	0	179,177	0
c Accounting	368,785	0	368,785	0
<b>d</b> Lobbying	39,650	0	39,650	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	233,655	0	233,655	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	23,849,121	22,927,277	638,203	283,641
12 Advertising and promotion	3,700,834	3,604,005	92,300	4,529
13 Office expenses	8,421,801	4,578,414	3,652,253	191,134
14 Information technology	9,592,353	7,039,042	2,469,318	83,993
15 Royalties	8,669	8,669	0	0
<b>16</b> Occupancy	16,389,190	13,937,895	2,450,962	333
<b>17</b> Travel	2,648,033	2,565,363	47,099	35,571
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19 Conferences, conventions, and meetings	424,374	368,022	55,487	865
<b>20</b> Interest	5,800,100	5,618,475	181,625	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	29,406,855	19,010,252	10,396,603	0
23 Insurance	9,349,171	8,268,768	1,080,403	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Dues and Subscriptions	1,213,458	950,124	248,233	15,101
<b>b</b> Bad Debt Expense	415,000	415,000	0	0
c Student Programs	1,790,311	1,790,311	0	0
d Campus Experience	2,144,525	1,547,795	336,051	260,679
e All other expenses	0	0	0	0
<b>Total functional expenses.</b> Add lines 1 through 24e	291,675,043	256,513,490	31,950,355	3,211,198
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

Assets

20

21

23

24

25

26

27

28

30

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets

7,500

126,088,258

6,343,000

2,770,260

1.978.580

6,028,206

597,538,183

35,578,508 8,459,173

3,800,000

788,681,570

28,101,196

15,837,996

1,786,932

17,108,544

215.301.597

518.821,359

54,558,614

573,379,973

788,681,570

Form 990 (2019)

0

0

152,466,929

89.902

End of year

Beginning of year

7,500

97,289,356

4.150.000

2,239,813

2.034.519

3,708,300

566,390,794

35,532,332

9,192,842

720,644,707

19,894,987

16,253,626

157,223,780

1,980,572

129,841

6,636,901

202.119.707

469,150,840

49,374,160

518,525,000

720,644,707

0

0 15

0 18

817.633,719

220,095,536

99.251

0 5

0 6

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0

0

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

Savings and temporary cash investments . . .

2 3 Pledges and grants receivable, net Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . . Inventories for sale or use . . . . .

Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Investments—publicly traded securities .

10a 10b Investments—program-related. See Part IV, line 11 .

Investments—other securities. See Part IV, line 11 . . .

Intangible assets .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Total liabilities and net assets/fund balances .

Capital stock or trust principal, or current funds . . .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

11 Other assets. See Part IV, line 11 . . .

12 13 14 15 16 17

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . . .

**Total assets.** Add lines 1 through 15 (must equal line 34) . . Accounts payable and accrued expenses . 18 Grants payable . 19

3a

3b

Yes

Yes (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

### Additional Data

**Software ID:** 19010655

Software Version: 2019v5.0 **EIN:** 59-0624459

Name: The University of Tampa Incorporated

Form 990 (2019)

Form 990, Part III, Line 4a: ACADEMIC AND INSTRUCTIONAL SUPPORT: THE UNIVERSITY OF TAMPA HAS OVER 200 ACADEMIC PROGRAMS OF STUDY. THE UNIVERSITY HAS CONTINUED TO INTENSIFY THE FOCUS ON LEADERSHIP, INTERNATIONAL AND EXPERIENTIAL LEARNING. THE UNIVERSITY IS COMMITTED TO PROVIDING A CAMPUS-LEARNING ENVIRONMENT THAT PROMOTES STRONG PARTNERSHIPS WITH THE COMMUNITY AND INTERNATIONAL COMPETENCY TO PREPARE STUDENTS TO BE GLOBAL CITIZENS. FACULTY-LED TRAVEL PROGRAMS ARE AN INTEGRAL PART OF OUR CURRICULUM

### STUDENT AID GRANTS & SCHOLARSHIPS: THE UNIVERSITY OF TAMPA OFFERS A STRONG FINANCIAL AID PROGRAM THAT ASSISTS QUALIFIED STUDENTS WITH THEIR EDUCATIONAL EXPENSES: APPROXIMATELY 92 PERCENT OF THE UNIVERSITY'S STUDENTS HAVE RECEIVED SOME TYPE OF FINANCIAL AID ASSISTANCE.

Form 990, Part III, Line 4b:

STUDENT SERVICES & COMMUNITY IMPACT: WITH APPROXIMATELY 9,600 STUDENTS ENROLLED, THE UNIVERSITY OF TAMPA'S EXCELLENT REPUTATION CONTRIBUTES TO THE ORGANIZATION'S ROLE AS A MAJOR INTELLECTUAL TALENT IMPORTER FOR TAMPA BAY. WE DRAW STUDENTS FROM ALL 50 STATES AND OVER 130 COUNTRIES. THE UNIVERSITY OF TAMPA'S STUDENTS, STUDENTS THROUGH PEACE VOLUNTEER CENTER COORDINATE THE VOLUNTEER EFFORTS OF STUDENTS, ST

Form 990, Part III, Line 4c:

20 YEARS, HELPING STIMULATE AND SUPPORT DOWNTOWN AND NEIGHBORHOOD DEVELOPMENT.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

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Institutional

Truste

Key employee

Individual trustee or director

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

	any hours for related organizations below dotted line)
Charlotte Baker	1.0
Secretary of the Board of Trustees	
Gary W Harrod	1.0
·	
Vice Chair	
James S MacLeod	1.0

Chair of the Board of Trustees

Phillip E Casey

Ronald L Vaughn

A Gerald Divers

Alan G Randolph

Alexander Walter

Benson A Riseman

AD Sandy MacKinnon

President

Trustee

Trustee

Trustee

Trustee

Trustee

Immediate Past Chair

and Independent Contractors



Former

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

	any hours for related organizations below dotted line)
Bill Goede	1.0
Trustee	
Carl W Lindell	1.0
Trustee	
	1 4 6

and Independent Contractors

Cathy Collins

Charlene A Gordon

Daniel A Rodriguez

Douglas C Rothschild

Erica Martinez Shea

G Robert Blanchard Jr

Gregory Paldino

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Frank L Lento



Former

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organization and

related

organizations

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

	any hours for related organizations below dotted line)
Hubertus M Muhlhauser	1.0
Trustee	
James A Turner III	1.0
Trustee	

and Independent Contractors

James W Eyer Jr

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Jane Castor

Lorna Taylor

Lynda Remund

Marie Chinnici-Everitt

Melanie Williams

Michael Nursey

Michael S Southard

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

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

Monica M Cook
Trustee
Nancy Tower
Trustee

R Bob Smith III

Raymond T Kelly

Robert J Rohrlack Jr

Roy J McCraw Jr

Rufus J Williams III

Stephen H Mauldin

Sterling Remer

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Scott P Riley

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

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Highest compensated employee

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organization and

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organizations

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36,360

28,887

47,881

50,390

42,875

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

Curan Chadhana
Susan Stackhouse
Trustee
Thilo D Best
Trustee
Thomas H Graham
Trustee
Thomas John Kelly
Trustee

Executive Director, Human Resources, Secretary

VP of Administration & Finance, Treasurer

Yvette Segura

Donna B Popovich

T Kevin Lafferty

David S Stern

Dennis L Nostrand

Farhad F Ghannadian

VP Enrollment

Dean

Provost, VP Academic Affairs

Trustee

and Independent Contractors

(C) (A) (B) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation

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

and Independent Contractors

Professor

	any hours	1	direct		ruste	,	4	organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Jack Geller	40.0					х		223,976	0	43,975
Dean						, ,				,.,.
L Keith Todd	40.0					х		339,501	0	32,652
VP Development & University Relations						^		339,301		32,632

43,975

32,652 40.0

Linda Devine 285,204 . . . . . . . . . . . . . . . . . . . Х 50,653

29,246

VP Operations & Planning 40.0

Rebecca J White . . . . . . . . . . . . . . . . . . . Χ 238,247

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -	I Data - DLN: 9349334301				
SCI	1ED	ULE A	- Dublic #	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047	
	m 990		Complete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019	
•		the Treasury	► Go to <u>www.irs</u>	<u>a.gov/Form990</u> for in	nstructions and	I the latest info	ormation.	Open to Public Inspection	
Internal Revenue Service   Employer identification number of Tampa Incorporated   Employer identification number of Tampa								ation number	
			, 				59-0624459		
	rt I		for Public Charity State a private foundation because				See instructions.		
1	rgariiz		onvention of churches, or as	•	•		(A)(i)		
2		•	escribed in section 170(b)(						
3	$\overline{\mathbf{V}}$		or a cooperative hospital ser		,				
4		·	·	-			-	atar tha bacaitalla	
7	Ш	name, city,	esearch organization operat and state:	ed in conjunction with	a nospital descri	ibed in <b>Section</b> .	170(D)(1)(A)(III). E	iter the hospital's	
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>	
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).		
7			ation that normally receives ' <b>'0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	nit or from the gener	al public described in	
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)			
9			ural research organization de rant college of agriculture. S					ege or university or a	
10		from activit	ation that normally receives: ties related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	nctions—subject to cer less taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross	
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).		
12		more public	ation organized and operated cly supported organizations of through 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a		
а		organizatio	supporting organization oper n(s) the power to regularly a <b>Part IV, Sections A and B</b>	appoint or elect a majo					
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar					
С		Type III f	unctionally integrated. A sorganization(s) (see instruct	supporting organizatio	•	•	, -	ted with, its	
d		Type III n	on-functionally integrate integrated. The organizations). You must complete Pai	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar		
e		Check this	box if the organization receiver Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally	
f	Enter		of supported organizations	· · · · · · · · · ·	-		<u> </u>		
g	Provi	de the follow	ing information about the su	pported organization(	s).				
	(i) N	lame of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
Tota			tion Act Notice, see the I		Cat. No. 11285		Schedule A (Form 9		

	If the organization failed	l to qualify under	the tests listed	below, please of	complete Part II	I.)				
Section A. Public Support										
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	19,463,935	12,524,734	6,108,448	20,032,974	25,509,193	83,639,284			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0			
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0			
4	<b>Total.</b> Add lines 1 through 3	19,463,935	12,524,734	6,108,448	20,032,974	25,509,193	83,639,284			
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)						20,018,335			
6	Public support. Subtract line 5						63,620,949			
	from line 4.									
	ection B. Total Support  Calendar year		Т							
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
7	Amounts from line 4	19,463,935	12,524,734	6,108,448	20,032,974	25,509,193	83,639,284			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,184,494	2,771,407	1,829,347	2,248,978	2,931,454	11,965,680			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	2,432,491	2,529,580	1,765,499	2,177,119	2,101,205	11,005,894			
11	<b>Total support.</b> Add lines 7 through						106,610,858			
12	10   Gross receipts from related activities,	etc. (see instructio	ns)			12	1,425,344,739			
	First five years. If the Form 990 is for						<u> </u>			
	check this box and <b>stop here</b>	-			•		,			
-5	ection C. Computation of Publi									
	Public support percentage for 2019 (li	• •	•	olumn (f))		14	59.68 %			
	Public support percentage for 2018 Sc					15	52.09 %			
	33 1/3% support test—2019. If the									
	and <b>stop here.</b> The organization qual <b>33 1/3% support test—2018.</b> If th	ifies as a publicly s	upported organizat	ion			. ▶ ☑ this _			
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization part VI how the organization mosts.	t—2019. If the org	anization did not o -and-circumstance	theck a box on lines" test, check this	e 13, 16a, or 16b, box and <b>stop he</b> i	and line 14 r <b>e.</b> Explain	. ▶□			

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2019

Р	art III Support Schedule for								
	(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.)								
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)				
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)		
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not include any "unusual grants.").								
2	Gross receipts from admissions,								
	merchandise sold or services								
	performed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are								
	not an unrelated trade or business								
4	under section 513  Tax revenues levied for the								
•	organization's benefit and either paid								
_	to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3								
D	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
	from line 6.)								
Se	ection B. Total Support		1	<del></del>			Г		
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	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								
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,								
13	11, and 12.).								
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>		
	check this box and <b>stop here</b>						▶ ⊔		
	ection C. Computation of Public S			! (6))		1 1			
15						15			
16		-	<u> </u>			16			
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17			
17 10	Investment income percentage for 201	-		-		17			
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not		
	more than 33 1/3%, check this box and s								
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the								
ט	not more than 33 1/3%, check this box	-			•		_		
20	Private foundation. If the organization	-	-						
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖		

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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. 1 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). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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. 3b 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. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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

4b supervised by or in connection with its supported organizations. 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. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) 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 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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.
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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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	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 <b>Part VI identify those supported organizations and explain</b> 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.	2a		
ı	b Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
_		

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
Distributable amount for 2019 from Section C, line 6			

details in <b>Part VI</b> ). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
e From 2018.			

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

Schedule A (Form 990 or 990-EZ) :	chedule A (Form 990 or 990-EZ) 2019 Page <b>8</b>				
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).					
Facts And Circumstances Test					
990 Schedule A, Supplemen	ital Information				
Return Reference	Explanation				
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - PARKING/LIBRARY FINES, COLUMN A - 233782.0, COLUMN B - 212500.0, COLUMN C - 58151.0, COLUMN D - 146390.0, COLUMN E - 116523.0, COLUMN F - 767346.0; DESCRIPTION - FORF EITED DEPOSITS, COLUMN A - 0.0, COLUMN B - 233578.0, COLUMN C - 187359.0, COLUMN D - 11295 0.0, COLUMN E - 212805.0, COLUMN F - 746692.0; DESCRIPTION - OTHER INCOME, COLUMN A - 8837 49.0, COLUMN B - 771433.0, COLUMN C - 103984.0, COLUMN D - 0.0, COLUMN E - 0.0, COLUMN F - 1759166.0; DESCRIPTION - VENDING/LAUNDRY, COLUMN A - 180287.0, COLUMN B - 0.0, COLUMN C - 0.0, COLUMN D - 0.0, COLUMN B - 0.0, COLUMN B - 180287.0; DESCRIPTION - HEALTH CENTER FEE S, COLUMN A - 1134673.0, COLUMN B - 1312069.0, COLUMN C - 1416005.0, COLUMN D - 1917779.0, COLUMN E - 1771877.0, COLUMN F - 7552403.0;				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

**Political Campaign and Lobbying Activities** 

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

DLN: 93493343014020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

**SCHEDULE C** (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

o S o S If the o S o S If the (Prox	Section 501(c) (other than section 5 Section 527 organizations: Complet e organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form t have filed Form 5768 (election unde t have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy 1 s), then	arts I-A and C below 1 <b>990-EZ, Part VI, Ii</b> r section 501(h)): Counder section 501(l	ne 47 (Lobbying Activition omplete Part II-A. Do not on h)): Complete Part II-B. Do	es), then complete Part II-B. o not complete Part II-A.
Nar	ne of the organization	·		Employer ide	entification number
me	University of Tampa Incorporated			59-0624459	
Par	I-A Complete if the organ	nization is exempt under sect	ion 501(c) or is	a section 527 organ	nization.
1 2	"political campaign activities")	nization's direct and indirect political c	. 3	·	for definition of
3		paign activities (see instructions)			<u>.</u>
	<u> </u>	nization is exempt under sect			
1	·	ax incurred by the organization under			\$
2	•	ax incurred by organization managers tion 4955 tax, did it file Form 4720 fo			\$
	_	,	•		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV.	nization is exempt under sect	ion FO1(a) ava	ant castion F01/a\/3	
		led by the filing organization for section			
1 2	, , , , , , , , , , , , , , , , , , ,	ea by the filing organization for section anization's funds contributed to other	•		\$
2					\$
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and	on Form 1120-POL	, line 17b ▶	\$
4	Did the filing organization file <b>For</b>	m 1120-POL for this year?			Yes No
5	Enter the names, addresses and organization made payments. For of political contributions received	employer identification number (EIN) each organization listed, enter the a that were promptly and directly deliv ee (PAC). If additional space is neede	of all section 527 p mount paid from the ered to a separate p	olitical organizations to whe filing organization's function organization, such	nich the filing Is. Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					
6					

DESCRIPTION OF THE LOBBYING

**ACTIVITY** 

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fill Form 5768 (election under section 501(h)).	led				
or e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(:	a)		(b)	
ctiv	, , , , , , , , , , , , , , , , , , , ,	Yes	No	1	Amoun	ıt
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	1		
c	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		No			
e	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	110			9,650
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes	110			1,437
i	Total. Add lines 1c through 1i					1,087
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			1,00
b	If "Yes," enter the amount of any tax incurred under section 4912		110	┨		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).				Yes	No
L	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		1
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
L	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members					)(6 
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
1	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Ð	art IV Supplemental Information	1 -				
	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list);	Dort II	Λ lines	1 25	d 2 (cc	
inst	tructions), and Part II-B, line 1. Also, complete this part for any additional information.	rait II-	A, iines	⊥ an	∠ (5e	<del>د</del>
	Return Reference Explanation					

Schedule C, Part II-B, Line 1 DETAILED The University of Tampa contracted Chris L. Floyd & Associates to lobby in the State House on its behalf

Colleges and Universities (NAICU). A portion of these dues is used for lobbying.

regarding issues that affect all private not-for-profit higher education institutions. In addition, The University

of Tampa pays dues to the Tampa Chamber of Commerce and the National Association of Independent

DLN: 93493343014020

OMB No. 1545-0047

## **SCHEDULE D** (Form 990)

Department of the Treasury

**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.

2019

► Attach to Form 990.

Open to Public

Interi	nal Revenue Service Go to <u>www.irs.gov/Form</u>	<u>1990</u> for instructions and the latest info	ormation. Inspection
	me of the organization		Employer identification number
The	e University of Tampa Incorporated		59-0624459
P	art I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Ye		T (1) 5 1 1 1 1 1
	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3 4	Aggregate value of grants from (during year)  Aggregate value at end of year		
	, ,		
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and do	onor advisors in writing that grant funds ca	
_	charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring impermissible
	private benefit?		☐ Yes ☐ No
Pa	rt II Conservation Easements.	s" on Form 990 Part IV line 7	
1	Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organ		
-	Preservation of land for public use (e.g., recreation	,	an historically important land area
	Protection of natural habitat		a certified historic structure
		☐ Preservation of a	certified historic structure
_	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the f	orm of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic	c structure included in (a)	2c
d		red after 7/25/06, and not on a historic	2d
_	structure listed in the National Register		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by	y the organization during the
4	Number of states where property subject to conservatio	n easement is located 🟲	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		g of violations,   Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violations, and enforcing conse	ervation easements during the year
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial sta	
Pa	rt III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or Ot	her Similar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	6 (ASC 958), not to report in its revenue s public exhibition, education, or research in	furtherance of public service,
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ	6 (ASC 958), to report in its revenue state	ement and balance sheet works of art,
	following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1		▶\$
			<del></del>
	ii)Assets included in Form 990, Part X		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶\$

 ${f c}$  Leasehold improvements

Sche	dule D	(Form 990) 2019										Page 2
Par	t III	Organizations Ma	aintaining Col	lections of Art	, Histor	ical T	reas	ures, or Oth	er Similaı	Assets		<del>d)</del>
3		the organization's acq (check all that apply):		n, and other recor	ds, check	any of	the f	ollowing that ar	e a significa	nt use of it	s collectio	n
а	✓	Public exhibition			d	<b>✓</b>	Loar	n or exchange p	rograms			
b		Scholarly research			е		Othe	er				
С	<b>✓</b>	Preservation for future	e generations									
4	Provid Part X	de a description of the	organization's coll	lections and expla	in how th	ey furtl	her th	ne organization's	s exempt pu	ırpose in		
5		g the year, did the org s to be sold to raise fur								□ Y	es ☑	No
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			orm 990	), Part	IV, I	line 9, or repo	rted an ar	nount on	Form 99	0, Part
1a		e organization an agent led on Form 990, Part I								· 🗆 Y	es 🗹	No
b	If "Ye	s," explain the arrange	ement in Part XIII	and complete the	following	table:				Amount		
С		ning balance		•	_			1c				
d	_	ons during the year .										
e		butions during the year										
f		g balance										
2-									L lizkilikan			
2a		ne organization include									es ⊔	No
		s," explain the arrange		. Check here if the	e explanat	ion has	beer	n provided in Pa	rt XIII	· . 🗷		
- (3)	rt V	Endowment Fund Complete if the ord		vered "Ves" on F	- -orm 990	) Dart	T\/	line 10				
		complete if the or	gariizacion answ	(a) Current year		Prior yea		(c) Two years ba	ck (d) Three	e years back	(e) Four	years back
1a	Beginni	ing of year balance .		42,506,46	59	41,765	5,861	38,904,		35,659,852		36,055,294
b	Contrib	outions		2,193,54	10	1,387	7,297	1,101,	592	764,394		1,868,307
С	Net inv	estment earnings, gair	ns, and losses	342,04	16	61:	1,511	3,853,	784	4,413,650		-797,172
d	Grants	or scholarships		1,462,88	38	1,258	3,200	2,094,	267	1,933,144		1,466,577
е	Other e	expenditures for facilities	es									
		ograms			0		0		0	0		0
f	Admini	strative expenses .			0		0		0	0		0
g	End of	year balance		43,579,16	57	42,506	5,469	41,765,	861	38,904,752		35,659,852
2	Provid	de the estimated perce	ntage of the curre	ent year end balar	nce (line 1	.g, colu	mn (a	a)) held as:				
а	Board	l designated or quasi-e	ndowment 🟲	16 %								
b	Perma	anent endowment 🕨	69 %									
С	Temp	orarily restricted endo	wment ► 15	5 %								
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100%.								
3а		nere endowment funds ization by:	not in the posses	sion of the organi	zation tha	at are h	eld aı	nd administered	for the		Ye	s No
	(i) un	related organizations								3	Ba(i)	No
		elated organizations .								3	a(ii)	No
b		s" on 3a(ii), are the re	-	•			? .			. [	3b	
4	Descr	ibe in Part XIII the inte			dowment	funds.						·
Pai	rt VI	Land, Buildings,					T) ( '	lina 11 - C:	Faur- 000	Dant V. "	10	
	Descri	Complete if the or ption of property	ganization answ (a) Cost or oth		orm 990 ost or othe						ne 10. (d) Book v	value
	DESCII	paon or property	(investme		-50 G. Galle	. 54515 (	)	(5) / iccamalate	asp.colutio		(a) 200K V	

	(investment)		
<b>1a</b> Land	27,945	42,311,338	42,339,283

Land	27,945	42,311,338		42,339,283
Buildings	830,000	599,076,185	139,960,296	459,945,889

75,192,061

95,498,628 47,100,219 **d** Equipment . 4,697,562 **e** Other . Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

42,157,040

48,398,409

4,697,562

33,035,021

Part VII	Investments—Other Securities.				- age L
	Complete if the organization answered "Yes" on Form 990, F  (a) Description of security or category  (including name of security)	Part IV, li (b) Book value	ine 11b	(c) Metho	Part X, line 12. d of valuation: -year market value
(1) Financia					
(2) Closely- (3)Other	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)  Investments—Program Related.				
	Complete if the organization answered 'Yes' on Form 990, F  (a) Description of investment	Part IV, li	ne 11c	See Form 990, (b) Book value	Part X, line 13.  (c) Method of valuation:
	(a) Description of investment			(b) book value	Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		▶		
	Complete if the organization answered 'Yes' on Form 990, Page (a) Description	art IV, lir	ne 11d.	See Form 990, Par	rt X, line 15.  (b) Book value
(1)	(1)				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>•</b>
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lir	ne 11e	or 11f.See Form	990, Part X, line 25.
1.	(a) Description of liability income taxes				(b) Book value
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)  or uncertain tax positions. In Part XIII, provide the text of the footnot	e to the o	rganizat	on's financial state	17,108,544 ments that reports the
	's liability for uncertain tax positions under FIN 48 (ASC 740). Check h				

2

Part XII

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2019

Page 4

-545,233

1,974,194

209,622,693

82,052,350

291.675.043

Schedule D (Form 990) 2019

266,997,092

С	Recoveries of prior year grants	2c	0	
d	Other (Describe in Part XIII.)	2d	2,861,926	
е	Add lines 2a through 2d	·	26	ا د

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

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Total expenses and losses per audited financial statements . . . . .

3 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . . . .

b

4

Add lines **4a** and **4b** . . . . . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

C

5

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

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

4a 4b

> 2a 2b

> 2c

2d

4a

4b

Explanation

2a

2b

233,655 82,706,428

1,415,858

558,336

233,655

81,818,695

-3.407.159

4c 5

2e

3

4c

5

3

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

82,940,083 349,937,175 211,596,887

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

**Software ID:** 19010655 **Software Version:** 2019v5.0

**EIN:** 59-0624459

Name: The University of Tampa Incorporated

## Supplemental Information

Return Reference	Explanation
	The collections held by the University of Tampa are primarily paintings, a collection of r are books, and a collection of rare type matrices, which are held for the purpose of enric hing the students' and community's knowledge of art.

Supplemental Information	
Return Reference	Explanation
	The University holds cash funds for student organizations under an agency relationship. Th e University reports the gross value of the cash and a related agency liability on the bal ance sheet. The University operates a museum on behalf of the City of Tampa and reports th e net assets of museum operations as an agency liability.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The endowments are maintained in accordance with donor restrictions. Most of the University's endowments are used for scholarships.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The University is exempt from federal and state income taxes under Section 501(a) as an or ganization described in Section 501(c)(3) of the Internal Revenue Code of 1986 (IRC), as a mended. BKH, NEH and NAH, as single-member limited liability companies, are treated as dis regarded entities for tax purposes. Management does not consider income taxes connected with the University's unrelated business income to be significant. FASB ASC Subtopic 740-10, Income Taxes - Overall, prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return, and provides guidance on derecognition, classification, interes t and penalties, and disclosure. The University believes that it has appropriate support f or its tax positions taken and as such, does not have any uncertain tax positions that cou

ld result in a material impact to the consolidated financial statements.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	OPEB actuarial valuation adjustment - 887733 Facilities rental expenses - 558336 Loss on disposal of assets - 1415857

\_ \_ \_

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Scholarships and grants - 82706428

s

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Facilities rental expenses - 558336

-

upplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not n audited financial statements	Scholarships and grants - 82706428 OPEB actuarial valuation adjustment887733

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493343014020 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** The University of Tampa Incorporated 59-0624459 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . . . . . . . . . . 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo **c** Employment of faculty or administrative staff? 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. . . . . . . . . . . . Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

any other additional information. See instructions.	
Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	The University of Tampa's nondiscriminatory policy is published in the University Handbook, the University Catalog and various other administrative publications.
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	Yes, the University receives financial aid funding from the U.S. Department of Education and the Florida Department of Education. the University also receives grant funds from various federal, state and local governmental agencies for research activities and other educational, cultural and community service activities.
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY	The University of Tampa receives financial aid and assistance from federal governmental agencies as follows: Pell Grants, Direct Student Loans, FSEOG, FWSP, TEACH and Federal Perkins loans. Other federal grant funding from National institute of Health, US Department of Energy, National Science Foundation, NASA, and national Endowment for the Humanities. The University of Tampa receives financial aid and assistance from state governmental agencies as follows: FRAG, FSAG, Florida Bright Futures, Florida Minority Teacher Scholarship Program, Scholarships for Children and Spouses of Deceased or Disabled Veterans and Service Members Program, Florida Honorably Discharged Graduate Assistance Program, Florida Work Experience Program, Florida Department of Highway Safety and Motor Vehicles-University of Tampa License Plate Project, Florida Department of Health Bureau of Tobacco Free Florida - State and Community Interventions, Florida Department of Business and Professional Regulation - Compulsive or Addictive Gambling Prevention Program, and Florida Department of State.

(Form 990)		ement of i	Activities (	Outside the Un	ited States	OMB No. 1545-0047
		lete if the organiz	zation answered "\ ► Attach t	ine 14b, 15, or 16.	2019	
Department of the Treasury nternal Revenue Service	,	∙ Go to <i>www.irs.<u>c</u></i>	gov/Form990 for i	nstructions and the latest in	nformation.	Open to Public Inspection
lame of the organization he University of Tampa	incorporated					ntification number
	<b>nformation</b> Part IV, line		Outside the U	Jnited States. Comple	te if the organization a	answered "Yes" on
other assistance,	the grantees'	eligibility for th	e grants or assis	substantiate the amount stance, and the selection	criteria used	☑ Yes ☐ No
2 For grantmakers outside the United		Part V the orga	anization's proce	dures for monitoring the	use of its grants and ot	her assistance
3 Activites per Region	n. (The followin	ng Part I, line 3 t	able can be dupli	cated if additional space is	needed.)	
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
				,		
See Add'l Data						
See Add'l Data						
See Add'l Data  3a Sub-total b Total from continual Part I		0				1,420,73

				<b>ced States.</b> Complete if	the organization an	swered "Yes" on Form	990, Part IV, line 16.
Part III can be  (a) Type of grant or assistance	e duplicated if addition (b) Region	(c) Number of recipients		(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	Europe (Including Iceland and Greenland)	6		Paid to foreign university to cover student tuition abroad	0	N/A	N/A
						<u> </u>	
		1	1	1	1	1	

Page **3** 

Sche	dule F (Form 990) 2019		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	□Yes	<b>✓</b> No
		□ 162	E 140
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	<b>✓</b> Yes	Пио
		IVI TES	LI NO
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Instructions for Form 6005)	☐ Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the		
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	<b>☑</b> No

Schedule F (F	chedule F (Form 990) 2019 Page					
	amounts of investments	required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting column (c) (estimated number of recipients), as applicable. Also complete this part to provide				
990 Sched	ule F, Supplemental Ir	nformation				
R	eturn Reference	Explanation				
•	, Part I, Line 2 Procedures ng use of grant funds	Scholarships and tuition assistance are applied directly to students' tuition accounts. No cash is given to students. Assistance may be granted on the basis of need or on the basis of academic or talent				

qualifications.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part III(e) Manner of cash disbursement	Payment to foreign educational institution on behalf of students.

990 Schedule F, Supplemental Information

Return Reference	Explanation				
	Scholarships and tuition assistance are applied directly to students' tuition accounts. No cash is given to students. Assistance may be granted on the basis of need or on the basis of academic or talent qualifications.				

East Asia and the Pacific

Software ID: 19010655
Software Version: 2019v5.0
EIN: 59-0624459
Name: The University of Tampa Incorporated
Activities Outside The United States

Study Abroad

28,257

Form 990 Schedule F Part 1 - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
Central America and the Caribbean	0	0	Program Services	Study Abroad	209,163			

0 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 0 |Program Services Study Abroad 51,581 Greenland) Europe (Including Iceland and 0 | Program Services Global Access Partnership 74,956 Greenland) Program

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 0 |Grantmaking 117,900 Greenland) Central America and the 0 Investments 938,874 Caribbean

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

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

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

OMB No. 1545-0047

DLN: 93493343014020

Open to Public

Department of the Treasury Internal Revenue Service	► Attach to Form 990.  ► Go to <u>www.irs.gov/Form990</u> for the latest information.						
Name of the organization The University of Tampa Incorpo	rated					Employer identific 59-0624459	ation number:
Part I General Inform	nation on Grants	and Assistance				I	
<ol> <li>Does the organization mai the selection criteria used</li> <li>Describe in Part IV the org</li> </ol>	to award the grants	or assistance?			for the grants or assistanc	e, and	☑ Yes ☐ No
Part III Grants and Other	Assistance to Dor	nestic Organizations a			rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
		-					

(Form 990)

Schedule I (Form 990) 2019									Page <b>2</b>
Part III Grants and Other As  Part III can be duplica			uals. Complete if the org	ganizatio	n answered "Yes" on	Forn	n 990, Part IV, line 22.		
(a) Type of grant or assistan		(b) Number of recipients			(d) Amount of		(e) Method of valuation FMV, appraisal, oth		(f) Description of noncash assistance
See Additional Data Table	I		· · · · · · · · · · · · · · · · · · ·						
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
Part IV Supplemental	Informatio	<b>on.</b> Provide the i	nformation required in	Part I,	line 2; Part III, col	lum	n (b); and any other	additiona	l information.
Return Reference	Explanation	on							
Schedule I, Part I, Line 2 Procedures for monitoring use of	Scholarship	s and tuition assist	ance are applied directly	to studer	nts' tuition accounts.	No c	cash is given to students		

NEED BASED FINANCIAL AID

UNIVERSITY OF TAMPA GRANTS

ATHLETIC AWARDS

TALENT AWARDS

MERIT AWARDS

**Software ID:** 19010655 **Software Version:** 2019v5.0

**EIN:** 59-0624459

**Name:** The University of Tampa Incorporated

Form 990, Schedule I, Part III, Grants	and Other Ass	istance to Domestic 1	Individuals.
NEED BASED FINANCIAL AID	2885	11,265,309	o

327

148

323

7860

Other Assistance to Donnestic Individuals.							
	11,265,309	2885					
	11,265,309	2885					

3,904,411

307,550

962,579

64,302,862

ner Ass	istance to Domestic	Individuals.
2885	11,265,309	0 N/A

ce	to	Domestic	Individuals.	
			1	1

0 N/A

0 N/A

0 N/A

0 N/A

0 N/A

N/A

N/A

N/A

N/A

N/A

N/A

form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.						
GRADUATE ASSISTANT GRANTS	76	821,712	<u> </u>	N/A	N/A	
GRADUATE ASSISTANT GRANTS	76	821,712	0	N/A	N/A	
RESIDENT ASSISTANT GRANTS	152	474,352	0	N/A	N/A	
FEDERAL CAMPUS BASED AID PROGRAM	495	692,328	0	N/A	N/A	
FEDERAL CARES-HEERF GRANTS	6199	3,643,500	0	N/A	N/A	

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	:a -	DLN: 934	49334	3014	020		
Sch	nedule J	Co	mpensat	ion Information	10	ИВ No.	1545-0	0047		
(For	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.								
		► Complete if the orga		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	<b>2</b> 0	119	•		
Danar	tment of the Treasury	► Go to www.irs.gov		n to Form 990. r instructions and the latest inforn		)pen i				
•	al Revenue Service	r do to <u>mmmaigor</u>	,, <u>, , , , , , , , , , , , , , , , , ,</u>	motifications and the fatest inform		Insp	ectio	n		
	me of the organiza University of Tampa				Employer identificat	tion nu	ımber			
					59-0624459					
Pa	rt I Questi	ons Regarding Compensat	ion				l			
<b>1</b> a				f the following to or for a person liste			Yes	No		
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use					
		companions		Payments for business use of person	•					
	Tax idemi	nification and gross-up payments	$\overline{\checkmark}$	Health or social club dues or initiation	on fees					
	Discretion	ary spending account		Personal services (e.g., maid, chauf	feur, chef)					
b				follow a written policy regarding pay ove? If "No," complete Part III to expl		1b	Yes			
2				or allowing expenses incurred by all		2	Yes			
	directors, truste	es, officers, including the CEO/Ex	recutive Directo	or, regarding the items checked on Lir	ne 1a? .     .					
3				ed to establish the compensation of the not check any boxes for methods	ne					
	used by a relate	d organization to establish comp	ensation of the	CEO/Executive Director, but explain i	n Part III.					
	<b>✓</b> Compens	ation committee		Written employment contract						
	☐ Independe	ent compensation consultant		Compensation survey or study						
	☐ Form 990	of other organizations	✓	Approval by the board or compensa	tion committee					
4	During the year related organiza		90, Part VII, Se	ection A, line 1a, with respect to the fi	iling organization or a					
а	Receive a sever	ance payment or change-of-contr	rol payment? .			4a		No		
b	Participate in, o	r receive payment from, a supple	mental nonqual	lified retirement plan?		4b	Yes			
С				nsation arrangement?		4c		No		
	If tes to any t	of fiftes 4a-c, fist the persons and	provide trie app	plicable amounts for each item in Part	L 111.					
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.						
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any						
а	The organization	1?				5a		No		
b		anization?				5b		No		
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any						
а	The organization	1?				6a		No		
b	,					6b		No		
	· ·	6a or 6b, describe in Part III.								
7	For persons liste payments not d	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,	A, line 1a, did " describe in Pa	the organization provide any nonfixed art III	d 	7	Yes			
8	subject to the ir	nitial contract exception described	l in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		No		
9	If "Yes" on line	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		INU		
For F	Paperwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Forn	9901	2019		

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

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 nstructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.							
<b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the total	al amount of	Form 990, Part VII, S	ection A, line 1a, a				
(A) Name and Title	<b>(B)</b> B	reakdown of W-2 and/ compensation		(C) Retirement and other	( <b>D)</b> Nontaxable benefits	columns	(F) Compensation in
	(i) Base compensat	e (ii) ion Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				1			

Schedule J (Form 990) 2019	Page <b>3</b>
Part III Supplemental Inform	nation
Provide the information, explanation, or	r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for companions	Limited and pre-approved travel is provided to the spouses of the University's President, Ronald L. Vaughn, and Dean, Farhad F. Ghannadian, to attend events and meetings during which the spouses' participation benefits the University. This benefit was not treated as taxable compensation to the individuals.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	Housing allowances are provided to: Ronald L. Vaughn, President; Dennis L. Nostrand, Vice President of Enrollment; and, David S. Stern, Provost, Vice President of Academic Affairs. These housing allowances are treated as taxable compensation to the individuals.
	Social club dues are paid by the University for the President, Ronald L. Vaughn; Vice President of Operations and Planning, Linda Devine; and Dean, Farhad F. Ghannadian. These dues are not treated as taxable compensation to the individuals because they are used only for business purposes. The club dues are invoiced directly to the University and approved by the Vice President of Administration and Finance / Treasurer. The business purpose for each use of the social club is documented and kept on file with the invoices to document the business use of the social club.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	DURING 2019, THE UNIVERSITY OF TAMPA MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR PRESIDENT RONALD L. VAUGHN. THE AMOUNT ACCRUED UNDER THIS PLAN DURING CALENDAR YEAR 2019 WAS \$327,864. THESE AMOUNTS HAVE BEEN ACCRUED FOR ACCOUNTING PURPOSES. PRESIDENT RONALD L. VAUGHN IS NOT VESTED IN THESE ACCRUED AMOUNTS AND THERE WERE NO DISTRIBUTIONS TO PRESIDENT RONALD L. VAUGHN FROM THE PLAN DURING CALENDAR YEAR 2019.
Schedule J, Part I, Line 7 Non-fixed payments	PRESIDENT RONALD L. VAUGHN IS ELIGIBLE FOR A BONUS EACH YEAR BASED ON ACHIEVING CERTAIN CONTRACTUALLY STATED GOALS AND THE PERFORMANCE REVIEW CONDUCTED BY BOARD OF TRUSTEES. THE BONUS AMOUNT IS DISCRETIONARY BUT CAN NOT EXCEED THE CONTRACTUALLY STATED MAXIMUM AMOUNT, BONUSES OF ALL OTHER EMPLOYEES ARE AWARDED AT THE DISCRETION OF PRESIDENT VAUGHN

JAMOUNT. BONUSES OF ALL OTHER EMPLOYEES ARE AWARDED AT THE DISCRETION OF PRESIDENT VAUGHN.

Schedule 1 (Form 990) 2019

(ii)

(i)

(ii)

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**Software ID:** 19010655

204,848

191,847

319,176

288,578

339,501

285,204

281,453

238,247

223,976

Software Version: 2019v5.0 **EIN:** 59-0624459

20,000

25,000

Name: The University of Tampa Incorporated

Form 990, Schedule J,	, Part II - Officers, Di	rectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees		
(A) Name and Title	(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MISO (ii) Bonus & incentive compensation	Compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1Ronald L Vaughn (i)	767,309	80.000	207,705	354,464	24.839	1,434,317	0

8,233

19,117

33,244

24,176

17,652

18,318

22,433

21,000

21,000

21,272

22,753

17,067

16,627

11,235

18,042

27,957

26,881

11,652

29,381

20,122

12,179

27,348

241,968

247,324

422,810

385,635

372,153

335,857

324,328

267,493

267,951

(A) Name and	l Ti
1Ronald L Vaughn	

President

1T Kevin Lafferty

Finance, Treasurer 2Donna B Popovich

VP Enrollment

4David S Stern

Affairs 5L Keith Todd

Dean

Professor

Dean

9Jack Geller

Provost, VP Academic

VP Development &

6Linda Devine

University Relations

VP Operations & Planning

7Farhad F Ghannadian

8Rebecca J White

VP of Administration &

Executive Director, Human Resources, Secretary 3Dennis L Nostrand

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

explanations, and any additional information in Part VI.

**Supplemental Information on Tax-Exempt Bonds** ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

OMB No. 1545-0047

DLN: 93493343014020

Open to Public

Schedule K (Form 990) 2019

Schedule K

(Form 990)

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

	University of Tampa Incorporated	d								'	324459	uncatio	n numbe		
Pa	rt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(	(f) Description of purpose		(g) D	efeased	beha	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	Higher Educational Facilities Financing Authority	90-0058227		04-30-2012	20,0	000,000	Const	truction of a	new dormitory	,	Х		Х		Х
В	Higher Educational Facilities Financing Authority	90-0058227		04-30-2012	77,5	561,332		bond issues	rm and refund (1999, 2000,		Х		Х		Х
С	City of Tampa Florida	59-1101138	875231LG5	04-23-2015	85,6	518,991	multi-	struct new dorm and new ci-use facility; advance refund r bond issue (2006)		nd	X		Х		Х
Pa	rt II Proceeds			<u>'</u>						<u>'</u>					
1						A			3					D	
1		f bonds retired					13,828	,991							
2	Amount of bonds legally defeased						0								
3				77,560,524		85,642	,238								
4	Gross proceeds in reserve funds						0		5,503,175			0			
5	Capitalized interest from proce						0	0 0				0			
6	Proceeds in refunding escrows						0	0 0							
7	Issuance costs from proceeds .					104	4,850	1,005,202 711,071							
8	Credit enhancement from proce	eeds					0	351,743 0			0				
9	Working capital expenditures fr	rom proceeds					0		0			0			
10	Capital expenditures from proc	eeds				19,895	5,150	150 14,642,901			47,662	,945			
11	Other spent proceeds						0	0 58,566,572			,222				
12	Other unspent proceeds						0		0		<u> </u>				
13	Year of substantial completion				20	013		20	13	20	17				
					Yes	No	,	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part bonds (or, if issued prior to 20:	of a current refunding 18, a current refundin	j issue of tax-exempt	t 		Х		Х			Х				
15	Were the bonds issued as part bonds (or, if issued prior to 20:					Х			Х	Х					
16	Has the final allocation of proce	eeds been made? .			X			Χ		Χ					
17	Does the organization maintain proceeds?	•			Х			Х		х					
Pa	rt Ⅲ Private Business U	se													
						A			3	(	3			D	
l .					Yes	No	•	Yes	No	Yes	No		Yes		No
1	Was the organization a partner financed by tax-exempt bonds?	?	<u>.</u>			Х			Х		Х				
2	Are there any lease arrangeme	ents that may result in	ı private business use	e of bond-financed		X			X	Χ					

Cat. No. 50193E

Schedule K (Form 990) 2019

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

В

No

Χ

0 %

0 %

0 %

Χ

Х

Yes

Χ

Yes

Χ

Χ

Χ

No

Χ

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No

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Yes

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C

No

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0 %

0 %

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Χ

Χ

Yes

Χ

Χ

Χ

No

Х

Х

Χ

Χ

Х

C

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Exception to rebate? . . . . . . . . . . . .

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

issue due to these net investment losses.

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

Return Reference

Schedule K, Part II, Line 3 Total

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Part VI

proceeds of issue

Arbitrage (Continued)		
		4
	Yes	No

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Yes

Yes

Χ

No

Explanation The University of Tampa issued bonds in April 2012 that had an issue price of \$77,561,332. The form 990 instructions indicate that Schedule K, Part II, Line 3

should show the total proceeds of the issue plus investment earnings. The bond proceeds amount of \$77,560,524 shown in Part II includes cumulative net investment losses of (\$808) from the Project Fund and the Reserve Fund accounts. Thus the amount of proceeds shown in Part II is less than the proceeds from

No

Χ

Yes

В

No

Yes

No

C

Nο

Yes

Χ

Page 3

No

D

Nο

Yes

Yes

Return Reference	Explanation
I Management or Service	The University of Tampa has incidental service contracts for maintenance of the grounds which meet an exception to private business use.

Return Reference	Explanation
Schedule K, Part II, Line 3 Total Proceeds of Issue	The University of Tampa issued bonds in April 2015 that had an issue price of \$85,618,991. The form 990 instructions indicate that Schedule K, Part II, Line 3 should show the total proceeds of the issue plus investment earnings. The bond proceeds amount of \$85,642,238 shown in Part II includes cumulative investment earnings of \$23,247 from the Project Fund account. Thus the amount of proceeds shown in Part II is more than the proceeds from issue due to these investment earnings.

Return Reference	Explanation
	Issuer name: Higher Educational Facilities Financing Authority The calculation for computing no rebate due was performed on 02/16/2016

Return Reference	Explanation
	Issuer name: Higher Educational Facilities Financing Authority The calculation for computing no rebate due was performed on 05/31/2019

efile GRAPHIC	print - [	DO NO	T PROCES	S As	Filed Data -					DL	N: 93	4933	430	14020
Schedule L Transaction			ons with li	ns with Interested Persons answered "Yes" on Form 990, Part IV, lines 25a, 29 8c, or Form 990-EZ, Part V, line 38a or 40b. ch to Form 990 or Form 990-EZ. rm990 for instructions and the latest information.					OMB No. 1545-0047					
27, 28a, 28b, or 2 ▶ Atta								answered "Yes 28c, or Form 99 ach to Form 99	o,			2019 Open to Public		
nternal Revenue Servi			o to <u>/////////</u>	131g01/11	<u> </u>	i actions and	the latest iii	Omma				Insp		
Name of the orga The University of Ta		orated							•	yer ide 4459	entifica	ition n	umb	er
					)1(c)(3), section									
	Name of c				Form 990, Part  Relationship be					escript			) Cor	ected?
		<u>'</u>	'	`		organization .	'		` ´tr	ansacti	ion		Yes No	
								-						
								+						
4958 3 Enter the an	nount of ta	x, if any		above, rei	managers or dis			• •	• •		\$ —— \$ ——			
Com	plete if the	e organi		red "Yes"	on Form 990-EZ	, Part V, line 3	8a, or Form 99	90, Pai	rt IV,	line 26	; or if	the org	aniza	tion
(a) Name of nterested person	(b) Relati	onship	(c) Purpose	(d) Loa	n to or from the ganization?	(e) Original principal amount	(f) Balance due	(g) defa		Appro boa	h) ved by rd or nittee?		) Wri	
				То	From			Yes	No	Yes	No	Yes		No
otal .					<u> </u>	<b>▶</b> \$			l		<u> </u>	<u> </u>		
					erested Perso		line 27							
(a) Name of interes		on <b>(b</b> )	) Relationship erested perso	between		of assistance	(d) Type o	of assi	stanc	e	<b>(e)</b> Pu	rpose o	of assi	stance
organization (1)		JOH	7,000 DISCOUNTED 1		TUIT	TUITION TUITION								
or Paperwork Red	uction Act N	Notice. s	ee the Instru	ctions for	 Form 990 or 990-	EZ. ∩	at. No. 50056A		Sal	andula l	l (Form	990 0	- 000-	F7) 20

	organization			revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	115,550	Automobile purchases		No
(2) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	14,481,109	Food and facilities services		No
(3) TAW Power	Entity more than 35% owned by James Turner III, Trustee	131,300	Commercial services		No
(4) Marguerite T Harrod Revocable Trust	Entity more than 35% owned by family member of Gary Harrod, Trustee		The filing organization participated in a joint venture with Marguerite T. Harrod Revocable Trust. The joint venture was liquidated during the year therefore the end of year value is 0.		No
	1				

**Explanation** PER THE IRS INSTRUCTIONS FOR SCHEDULE L, COLLEGES, UNIVERSITIES, AND PRIMARY AND SECONDARY

SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR FINANCIAL ASSISTANCE. INSTEAD, THESE ORGANIZATIONS MUST GROUP EACH TYPE OF FINANCIAL ASSISTANCE PROVIDED TO INTERESTED PERSONS IN SEPARATE LINES, FOR EACH LINE, THE SCHOOL IS TO REPORT IN COLUMN (C) THE TYPE OF ASSISTANCE AND AGGREGATE DOLLAR AMOUNT OF THAT ASSISTANCE; COLUMNS (A) AND (B) ARE TO BE LEFT BLANK.

Schedule L (Form 990 or 990-EZ) 2019

SCHOOLS ARE NOT REQUIRED TO IDENTIFY INTERESTED PERSONS TO WHOM THEY PROVIDED

Part V	Supplemental Information
I	

**Return Reference** 

Schedule L, Part III GRANTS OR ASSISTANCE BENEFITING

INTERESTED PERSONS

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

DLN: 93493343014020 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** The University of Tampa Incorporated 59-0624459 Part I Types of Property (a) (b) (c) (d) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 Art—Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests Books and publications 5 Clothing and household goods . . . . . 6 Cars and other vehicles . Boats and planes . . Intellectual property . . Securities-Publicly traded . 1,649,612 Market value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, Χ 820,262 Selling cost or trust interests . . . 12 Securities-Miscellaneous . . 13 Oualified conservation contribution—Historic structures . . . . **14** Qualified conservation contribution—Other . . 15 Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . Archeological artifacts . . 3,800,000 Other - GAAP Estimate Remainder Χ interests in Charitable Remainder Annuity Other ► ( Trusts Other ► ( \_ 27 Other ▶ ( \_ Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2019) Cat. No. 51227J

Schedule M (Form 990) (2019)				
Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.				
Return Reference	Explanation			
Schedule M, Part I, Line 32b Third parties used to solicit, process, or sell noncash contributions	The University uses licensed professional securities brokers to sell donated publicly traded securities.			
reporting method for number of	Securities - Publicly traded - The University is reporting the number of securities contributions received. Securities - Partnership, LLC, or trust interests - Number of contributions Other - Remainder interests in Charitable Remainder Annuity Trusts Number of contributions			
	Schedule M (Form 990) (2019)			

efile GRAPH	IC print - DO	NOT PROCESS	As Filed Data -		DLN:	93493343014020
CCUEDIII	F 0					OMB No. 1545-0047
SCHEDUL (Form 990 or EZ)		Supplemental Information to Form 990 or 990-E  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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.			ons on	2019
Department of the T	reasury					Open to Public Inspection
Name Betherofg The University of T  990 Schedule	ampa Incorporate	d nental Informatio	n		Employer identi 59-0624459	fication number
Return Reference				Explanation		
Form 990, Part III, Line 1 MISSION STATEMENT	(CONTINUED FROM PART III) FOUR COLLEGES OFFER MORE THAN 200 AREAS OF STUDY THROUGH A CORE CURRICULUM ROOTED IN A LIBERAL ARTS TRADITION. THE UNIVERSITY IS COMMITTED TO THE DEVELOPM ENT OF EACH STUDENT TO BECOME A PRODUCTIVE AND RESPONSIBLE CITIZEN.					

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 49,803,919 including grants of \$ 0)(Revenue \$ 42,003,998) AUXILIARY SERVICES A T THE UNIVERSITY OF TAMPA OFFER THE STUDENTS DINING, A BOOKSTORE, STUDENT LIFE SERVICES AN D VARIOUS ACTIVITIES. THE PURPOSE OF THE AUXILIARY SERVICES OFFICE IS TO PROVIDE THE STUDE NTS WITH SERVICES AND ACTIVITIES THAT TAKE PLACE OUTSIDE THE CLASSROOM, ENHANCING LIFE AT THE UNIVERSITY. DINING SERVICES OFFER A VARIETY OF DINING VENUES FOR THE STUDENTS AND VISI TORS. CAMPUS HOUSING IS LIMITED AND IS OFFERED ONLY TO FULL TIME STUDENTS. THE UNIVERSITY OF TAMPA HAS ELEVEN RESIDENTIAL HALLS FROM WHICH TO CHOOSE. VARIOUS ATHLETIC PROGRAMS ARE ALSO OFFERED FOR THE STUDENTS.

Return Reference	<b>Explanation</b>
Form 990, Part VI, Line	The executive committee of the board may act on behalf of the governing body in the instance where emergency action is required. In addition, the executive committee will have gene

Part VI, Line
1a Delegate
broad
authority to a
committee

1a Delegate
broad
authority to a
committee

1a Delegate
broad
authority to a
committee

990 Schedule O, Supplemental Information

Explanation

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	GARY W. HARROD, A.D. MACKINNON, G. ROBERT BLANCHARD, A. GERALD DIVERS - Business relationship

# Return Reference Form 990, THE UNIVERSITY'S TREASURER, DIRECTOR OF ACCOUNTING & TREASURY, AND PAID PREPARER REVIEWED

990 Schedule O, Supplemental Information

Part VI, Line
11b Review
of form 990
by governing
body

THE RETURN IN DETAIL WITH THE UNIVERSITY'S EXECUTIVE COMMITTEE AND CHAIRPERSONS OF THE UNI
VERSITY'S STANDING COMMITTEES ON November 19, 2020. Prior to the November 19 Executive Com
mittee meeting, we will email a full copy to all Executive Committee members in advance of
the meeting. On November 19, Crowe and management will present the full 990 to the Execut
ive Committee for approval. After approval on November 19, a full copy is placed on the el
ectronic board document portal which is our standard method of distributing data to all bo
ard members prior to filing.

990 Schedule O, Supplemental Information

policy

Return Reference	Explanation
Form 990, Part VI. Line	Conflict of interest surveys are completed each year by every member of the Board of Trust ees, all officers, key employees, and highest compensated employees, and significant contr
12c Conflict of interest	ibutors. The survey results are reviewed by the VP of Operations & Planning and compiled to produce an official record for the institution that is housed in the Office of Administr

o produce an official record for the institution that is housed in the Office of Administr ation and Finance. This record is reviewed by the President, the Treasurer, and the Direct or of Accounting & Treasury to ascertain perceived conflicts of interest and determine act ion steps, if any. If there are any conflicts of interest, the board member with the conflict will abstain from voting on issues related to the conflict of interest.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The compensation of the President is reviewed annually by a Compensation Committee which i s comprised of independent members of the Board of Trustees. The Committee uses comparabil ity data, including compensation studies and the work of an independent consultant, to det ermine the compensation of the President. The decisions of the Committee are documented in the minutes of the Committee and of the Board and in a letter sent to the President. This review process was last undertaken in October 2019.

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The compensation of other officers and key employees is determined by an independent Compe nsation Committee. The Committee uses comparability data, including compensation studies a nd the work of an independent consultant. In addition, the President makes recommendations to the committee for compensation adjustments. The decisions of the Committee are documen ted in its minutes and are presented to the Board of Trustees as a Committee report. This review process was last undertaken in October 2019.

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990,	Financial statements, governing documents, and conflict of interest policies are not requi
Part VI, Line	red disclosures pursuant to Internal Revenue Code (IRC) Section 6104. These documents are
19 Required	not available to the public at this time.
documents	
available to	
the public	

Return Reference	Explanation	
Form 990, Part VIII, Line	Other Program Services - Total Revenue: 129059, Related or Exempt Function Revenue: 129059 , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514:	
2f Other		
Program		
Service		
Revenue		

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** 

(Form 990)

The University of Tampa Incorporated

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### **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.

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

OMB No. 1545-0047

DLN: 93493343014020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

59-0624459

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
1) BOULEVARD AND KENNEDY HOLDINGS LLC 101 W KENNEDY BLVD AMPA, FL 336061490 19-0624459	TO HOLD SEVERAL PARCELS OF REAL PROPERTY	FL	0	1,585,220	THE UNIVERSITY OF TAMPA INCORPORATED		<u> </u>
(2) NORTH EDISON HOLDINGS LLC 401 W KENNEDY BLVD TAMPA, FL 336061490 59-0624459	TO HOLD A PARCEL OF REAL PROPERTY	FL	0	1,587,008	THE UNIVERSITY OF TAMPA INCORPORATED		
(3) North A Street Holdings LLC 401 W Kennedy Blvd Tampa, FL 33606 59-0624459	Hold real property	FL	0	4,000,000	THE UNIVERSITY OF TAMPA INCORPORATED		
(4) Beaver Mountain Holdings LLC 401 W Kennedy Blvd Tampa, FL 33606 59-0624459	Hold real estate or partnership interests	FL	347,202	0	THE UNIVERSITY OF TAMPA INCORPORATED		
Part II Identification of Related Tax-Exempt Organi		anization answered	"Yes" on Form 9	990, Part IV, line 3	34 because it had one o	r more	_
related tax-exempt organizations during the tax (a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sectio	(e)  Public charity stat (if section 501(c)(		Section (13) co	( <b>g)</b> n 512(to ontrolle otity?
						Yes	
(1)THE CHISELERS INC PO BOX 13895	SUPPORT OF UT	FL	501(c)(3)	Type III-FI	NA		No
TAMPA, FL 33681 59-6200154							
For Paperwork Reduction Act Notice, see the Instructions for	Form 990.	Cat. No. 5013!	<u>l</u> 5Y		Schedule R (Form	990) 2	019

(a) Name, address, and EIN of related organization		( <b>b</b> ) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	alloca	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k Percen owner
) H-F PROPERTIES PARTNERSHIP		Real Estate	FL	University of	Related	347,202	0	Yes	No No		Yes	No	0 %
;50 W EXECUTIVE DR STE 550 MPA, FL 33609 2837320				Tampa		,							
												Ш	
												Ш	
Tart IV Identification of Related Organ because it had one or more related	izations Taxable as a	Corporations a corporation	n or Tru	ı <b>st.</b> Comple ust during t	te if the orga the tax year.	nization ans	swered "Y	es" on	Form	990, Part I	V, lir	ne 34	
(a) Name, address, and EIN of related organization	( <b>b)</b> Primary activity		<b>(c)</b> Legal domicile e or foreign		entity (C	(e)  ype of entity corp, S corp, or trust)	(f) Share of tota income	al Shar	( <b>g)</b> Te of end year assets	d-of- Perc owr	(h) entag nership	e :	(i) Section (13) con entit
			country)	١		or trust)							res i
				1		or trust)							Yes
				1		or trust)							Yes
						or trust)							Yes
						or trust)							Yes
						or trust)							Yes

Schedule R (Form 990) 2019		Pa	ge <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	<b>1</b> s	Yes	
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.			

<b>m</b> Performance of services or membership or fundraising	g solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other	assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(	s)				10	No
<b>p</b> Reimbursement paid to related organization(s) for ex	openses				<b>1</b> p	No
<b>q</b> Reimbursement paid by related organization(s) for ex	xpenses				<b>1</b> q	No
f r Other transfer of cash or property to related organiza	tion(s)				1r	No
s Other transfer of cash or property from related organ	nization(s)				1s Y	es
2 If the answer to any of the above is "Yes," see the ins	structions for information on who must complete t	this line, including covered r	elationships and tra	nsaction thresholds.		
(a) Name of related orga	anization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount invo	blved
(1)H-F PROPERTIES PARTNERSHIP		S	820,263	FMV		

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 exc	clusion for certain inv	estment p	artnerships.							•			
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(b) mary activity  (c) Legal domicile (state or foreign country)		Aı o	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations:	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner	ng	<b>(k)</b> Percentage ownership
			sections 512- 514)	Yes	No			Yes	No		Yes	No	
				L						Schedul	e R (Forn	n 99	0) 2019

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Part VII	Supplemental Info	ormation				
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).				
Return Reference		Explanation				