1	_				ب	,			
Vici					20	` - ,	2 4 B		
Form <b>990-T</b>	, E	Exempt Organ	nization Rus	ina	ري [ ee Income	393163	1		No 1545-0047
Form 33U-1	<b> </b> •		nd proxy tax und			n you	,	-	10 1043-0047
<b>,</b> 3	Forca	lendar year 2019 or other tax year	•		, and ending JUI			2	019
Department of the Treasury	l .	-	•		ons and the latest inform	nation.	_		Public Inspection for
Internal Revenue Service		Do not enter SSN number				zation is a 501(c)(3)		501(c)(3) (	Organizations Only
A Check box if address changed		Name of organization ( L	Check box if name o	hanged	d and see instructions.)		(Emp	loyees' tru ictions )	
B Exempt under section	   Print -	UNIVERSITY OF SOU	TH ALABAMA FOUNI	OITAC	N			63-60	65809
X 501(c)(3 <b>Q3</b>	or	Number, street, and room	or suite no. If a P.O. box	x, see II	nstructions.			ated busin	ness activity code
408(e)220(e)	Туре	P.O. BOX 3148							-,
408A 530(a)		City or town, state or prov		r foreig	n postal code				
529(a) C Book value of all assets	<u></u>	MOBILE, AL 36652					11000	)0	
at end of year 389,818	068.	F Group exemption numb  G Check organization type		poration	n 501(c) trust	401(2	trust	$ \vdash$	Other trust
		tion's unrelated trades or bi		1		e the only (or first) u			Other trade
trade or business here	TIME	BER SERVICES				e, complete Parts I-V			ie,
describe the first in the b	lank spa	ce at the end of the previou	s sentence, complete Pa	arts I an	nd II, complete a Schedul	e M for each additio	nal trade	10	
business, then complete									<del></del>
• • •	•	oration a subsidiary in an a tifying number of the parent	•	nt-subs	idiary controlled group?	•	Ye	s X	No
J The books are in care of			corporation,		Telepi	hone number 🕨 2	251-43	2-211	<del></del> 6
		le or Business Inco	ome		(A) Income	(B) Expense			(C) Net
1a Gross receipts or sale	s						,	-	
b Less returns and allow			c Balance	1c_		, , ,			
2 Cost of goods sold (S				2		<u> </u>			
<ul><li>3 Gross profit. Subtract</li><li>4a Capital gain net incom</li></ul>				3 4a	<u></u>				
• •	•	art II, line 17) (attach Form	4797)	4b		· · · · · ·	_		
c Capital loss deduction		• •		4c		. /			
5 Income (loss) from a	partners	ship or an S corporation (att	ach statement) .	5		٠٠ ٠٠ ٠			
6 Rent income (Schedu				6		/		ļ	<del></del>
7 Unrelated debt-finance		•		7	82,000.	ļ			82 000.
•		nd rents from a controlled or in 501(c)(7), (9), or (17) or	=	9	92,000.				62,000.
10 Exploited exempt activ			gamzation (ochedule o)	10		<del></del>			
11 Advertising income (S	-	, ,		11,	/				
12 Other income (See ins				/12		•			
13 Total. Combine lines				13	82,000.			L	82,000.
		ot Taken Elsewhere be directly connected with							
Compensation of off		rectors, and trustees (Sched	_ <del></del>				14		<del></del>
Salaries and wages							15		128,373.
Compensation of offi Salaries and wages Repairs and mainten Bad debts Interest (attach sche Taxes and licenses	ance	$\mathcal{X}$	RECEIVE	<u> </u>			16		
17 Bad debts		(m)			ral		17		
Interest (attach sche	dule) (se	ee instructions)	DEC 28 202	'n	20   20		18		
	Form 45	/ 1 1		.0	) S 20		19		
Less depreciation cla	aimed or	Schedule A and elsewhere	OF THE PARTY OF TH	<del></del> _	21a		21b		
22 Depletion	/		TOODEN, C	71			22		
Depreciation (attach Less depreciation cla Depletion Contributions to defe Employee benefit pro	eileg co	mpensation plans			_		23		
	-						24		31,151.
25 Excess exempt exper		· ·				•	25	<u> </u>	
<ul><li>26 Excess readership co</li><li>27 Other deductions (at</li></ul>					SEE STATEME	NT 1	26 27		69,412.
28 Total deductions (at						-	28		228,936.
,		ncome before net operating	loss deduction Subtrac	t fine 2	8 from line 13		29		-146,936.
,		oss arising in tax years beg			)18				
(see instructions)					SEE STATEME	NT 2	30		0.
31 Unrelated business to	axable ır	ncome. Subtract line 30 fror	n line 29				31		-146,936.

P

Part	III T	otal Unrelated Business Taxable Income		
Æ2	Total of	inrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-146,936.
33	₩mounts	paid for disallowed fringes	33	
34	Charitab	e contributions (see instructions for limitation rules)	34	0.
35		elated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-146,936.
36		n for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	0.
37		inrelated business taxable income before specific deduction. Subtract line 36 from line 35	87	-146,936.
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	•	d business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		· · ·
•		smaller of zero or line 37	39	-146,936.
Pari		ax Computation	1	
40		tions Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
		exable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	1 70 1	<u></u> i.
41		rate schedule or Schedule D (Form 1041)	41	
40			42	
42		x. See instructions	<del> </del>	<del></del>
43		/e minimum tax (trusts only)	43	
44		loncompliant Facility Income. See instructions	44	0.
Pari		id lines 42, 43, and 44 to line 40 or 41, whichever applies ax and Payments	45	
		······································	T . T	<u> </u>
	-	ax credit (corporations attach Form 1118; trusts attach Form 1116)  46a	<del>1</del>	
b		edits (see instructions)	1	
C		pusiness credit. Attach Form 3800	-l l	
đ		r prior year minimum tax (attach Form 8801 or 8827)	<del> </del>	
е		dits. Add lines 46a through 46d	46e	
47		line 46e from line 45	47	0.
48		tes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49		x. Add lines 47 and 48 (see instructions)	49	0.
50		965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
	-	s: A 2018 overpayment credited to 2019	-	
		imated tax payments 51b	4	
	-	sited with Form 8868	<del>- </del>	
d	Foreign	organizations Tax paid or withheld at source (see instructions)	4	
		withholding (see instructions) 51e	4	
		r small employer health insurance premiums (attach Form 8941)	-	
g		edits, adjustments, and payments: Form 2439		
	Fo Fo	m 4136 Other Total ▶ 51g	41	
52	Total pa	yments. Add lines 51a through 51g	52	
53		d tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	53	
54	Tax due	If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpay	ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56		amount of line 55 you want; Credited to 2020 estimated tax	56	<del> </del>
Par		tatements Regarding Certain Activities and Other Information (see instructions)		<del>, , , , , , , , , , , , , , , , , , , </del>
57	At any ti	me during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a fi	nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN	form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here	<u> </u>		Х
58	During t	ne tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		Х
	If "Yes,"	see instructions for other forms the organization may have to file.		
59		amount of tax-exempt interest received or accrued during the tax year 🕨 💲		<u> </u>
٠.		der penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowle rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	edge and belief it is tri	ue,
Sign		asas(_ ( \ \ \ \ \ ) = 1845(	May the IRS discuss th	is return with
Here	, ID		ne preparer shown bet	·
		Signature of officer Date Title	nstructions)? X	es No
			if PTIN	
Paid	d	SPANCIS I BEDARD Self- employed		
		A runto // State	P0075242	
	Only	Firm's name DELOITTE TAX LLP Firm's EIN	86-1065	772
_	•	1033 DEMONBREUN ST., STE 400	15-259-1800	
		Firm's address NASHVILLE, TN 37203 Phone no. 6		

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A	<del></del>	<del></del>		<del></del>	
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6		
2 Purchases	2		7 Cost of goods sold. So	ubtract line 6				
3 Cost of labor	3		from line 5. Enter here	and in Part I,				
4a Additional section 263A costs			line 2			7_		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5		the organization?		, , , ,			
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Personal Property L	eased W	ith Real Prop	erty)		
1. Description of property								
(1)								
(2)								
(3)								
(4)		· ·	·····					
	2. Rent receiv	ed or accrued			(.)5			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge J	(a) Deductions directly columns 2(a) ar	connec nd 2(b) (	sted with the income in attach schedule)	ı
(1)								
(2)								
(3)								
(4)								_
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter •		Ènter	Total deductions.  here and on page 1, l, line 6, column (8)	<b>&gt;</b>	_	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
			2. Gross income from	3. 0	Deductions directly cont to debt-finance			
1. Description of debt-fit	nanced property		or allocable to debt- financed property		ht line depreciation ach schedule)		(b) Other deduction (attach schedule)	s
(1)		<del></del>			<del></del>	1-	<del></del>	
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5	repo	Pross income rtable (column x column 6)		8. Allocable deducti (column 6 x total of col 3(a) and 3(b))	ons lumns
(1)			%					
(2)			%				i	
(3)			%					
(4)			%_					
					re and on page 1, ne 7, column (A)		Enter here and on page Part I, line 7, column (I	
Totals			•		0			٥.
Total dividends-received deductions in	ncluded in column	n 8	•			.		٥.

Schedule F - Interest, A	nnuitie	s, Royal	ties, and	d Rents	From Co	ntrolled	d Organiza	itions (see in	struction	ns)
•				Exempt (	Controlled O	rganizatio	ons			
Name of controlled organization	on	2. Em identifi num	cation		elated income instructions)		al of specified nents made	5. Part of column 4 included in the con organization's gross	trolling	6. Deductions directly connected with income in column 5
(1) SHUBUTA TIMBER SERVI	CES					l		_		· · · · · · · · · · · · · · · · · · ·
(2) INC RENTS - HEAVY			· · · · · · · ·							
(3) EQUIPMENT		63-123	4748							
<del></del>										
(4) Nonexempt Controlled Organiz	ations			<u> </u>		l		ı		
7 Taxable Income		nrelated incon	no (loss)	O Total	of specified pays	nonte	10 Part of colum	nn 9 that is included	11 D	eductions directly connected
7. Taxable Income		ee instruction		<b>9</b> , 10.00	made	.iomo	in the controlls	ng organization's s income		h income in column 10
(1)						1		<del></del>	<b>†</b>	
(2)						1			1	
(3)			82,000.			1		82,000.	1	
(4)									<u> </u>	·
				<u> </u>			Enter here and	ons 5 and 10 on page 1, Part I, column (A)	1	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						<b>&gt;</b>		82,000.		0.
Schedule G - Investmer (see instr		ne of a S	Section	501(c)(7	'), (9), or (	17) Org	janization			
1, Descr	iption of inco	me			2. Amount of	income	3. Deductio directly conne (attach sched	cted 4, Set	-asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
Tatala					Enter here and Part I, line 9, co		?			Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited I	-	Activity	Income	e, Other	Than Adv		g Income			<u> </u>
Description of exploited activity	2. ( unrelated incom	èross business e from business	directly of with pro of uni	penses connected aduction related s income	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or slumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	hat attribu	penses Itable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)				-						
(4)			page 1	re and on I, Part I, col (B)		<u> </u>		<u></u> .		Enter here and on page 1, Part II, line 25
Totals Advertising	a lace	0.		0.	Γ:				-	0.
Schedule J - Advertisin					a a li al a 4 - a 1	Doo!-				<del></del>
Part I Income From F		ais Kep	ortea oi	n a Cons	solidated	basis	<del>-</del> r			,
1. Name of periodical		2. Gross advertising income		3. Direct extising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput arough 7	5. Circula e income			Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										1
(2)							,			اً.
(3)					`					1
(4)					<u> </u>				- · · · · · · · · · · · · · · · · · · ·	
Totals (carry to Part II, line (5))	<b>&gt;</b>		0.	(	).					0 . Form <b>990-T</b> (2019)

Part II	Income From Periodicals Reported on a Separate Basis	(For each periodical listed in Part II, fill in
•	columns 2 through 7 on a line-by-line basis)	

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more then column 4)
(1)						
(2)	<u> </u>					
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	] ,			Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensation	on of Officers, I	Directors, and	Trustees (see in	nstructions)		

3. Percent of time devoted to business Compensation attributable to unrelated business 2. Title 1. Name (1) % % (2)

% (3) (4) ▶ 0. Total. Enter here and on page 1, Part II, line 14

Form 990-T (2019)

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FORM: 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
EQUIPMENT EXPENSES		29,786.
AUDIT		10,762.
INSURANCE		10,121.
UTILITIES		1,006.
TELEPHONE		3,278.
OTHER		72.
COPIES		1,594.
SUPPLIES		1,884.
TRAINING		364.
DUES & SUBSCRIPTIONS		4,934.
POSTAGE		966.
COMPUTER SOFTWARE		4,645.
TOTAL TO FORM 990-T, PAGE 1, L	INE 27	69,412.

## UNIVERSITY OF SOUTH ALABAMA FOUNDATION

FORM. 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	145,151.	0.	145,151.	145,151.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	145,151.	145,151.

FORM.990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/02	1,290,444.	690,510.	599,934.	599,934.
06/30/03	300,164.	0.	300,164.	300,164.
06/30/06	19,393.	0.	19,393.	19,393.
06/30/12	41,848.	0.	41,848.	41,848.
06/30/13	171,524.	0.	171,524.	171,524.
06/30/14	155,641.	0.	155,641.	155,641.
06/30/15	98,299.	0.	98,299.	98,299.
06/30/16	173,323.	0.	173,323.	173,323.
06/30/17	186,886.	0.	186,886.	186,886.
06/30/18	187,027.	0.	187,027.	187,027.
NOL CARRYO	ER AVAILABLE THIS	YEAR	1,934,039.	1,934,039.