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Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

ASSIST THE UNIV OF FL IN THE FUNDING OF RESEARCH/DEVELOPMENT THROUGH GRANTS & CONTRACTUAL ARRANGEMENTS & IN THE COMMERCIALIZATION OF INTELLECTUAL PROPERTIES,WHICH INCLUDE INVENTIONS,DISCOVERIES,PROCESSES & WORK PRODUCTS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 23,040,357 including grants of \$) (Revenue \$ 29,917,912)
COST INCURRED IN OBTAINING LICENSES AND GRANTS FOR THE UNIVERSITY OF FLORIDA RESEARCH FOUNDATION ACTIVITIES

4b

(Code) (Expenses \$ 4,258,281 including grants of \$) (Revenue \$ 2,402,858)
COSTS INCURRED IN THE LICENSING OF PATENTED OR PATENTABLE PRODUCTS DEVELOPED BY THE UNIVERSITY OF FLORIDA

4c

(Code) (Expenses \$ 5,731,040 including grants of \$) (Revenue \$)
COSTS INCURRED IN SECURING AND PROVIDING RESEARCH AND DEVELOPMENT FUNDING FOR THE UNIVERSITY OF FLORIDA

4d

Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses \$ 303,090 including grants of \$) (Revenue \$ 4,534,958)

4e

Total program service expenses \$ 33,332,768

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
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? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	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? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• 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.		
	• 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.		
	• 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.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	248	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	0	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			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?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	No
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	No
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	No
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	12	
b	Enter the number of voting members that are independent	1b	2	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		No
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶FL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ GEORGE C KOLB JR 274 GRINTER HALL GAINESVILLE, FL 326115500 (352) 392-5221

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

☒ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b	Total		4,422,525	432,918
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization			

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
(A) Name and business address		(B) Description of services	(C) Compensation
SALIWANCHIK LLOYD AND SALIWANCHIK 3107 SW WILLISTON ROAD GAINESVILLE, FL 32614		PATENT LEGAL SE	2,058,356
EDWARDS ANGELL PALMER AND DODGE LLP 111 HUNTING AVENUE BOSTON, MA 02199		PATENT LEGAL SE	343,933
THOMASKAYDENHORSTEMYR & RISLEYLLP 600 GALLERIA PARKWAY SE SUITE 1500 ATLANTA, GA 30339		PATENT LEGAL SE	331,314
MILES AND STOCKBRIDGE PC 1751 PINNACLE DRIVE MCLEAN, VA 22102		PATENT LEGAL SE	264,544
WOODARDEM HARDT NAUGHTON MORIARTY & 111 MONUMENT CIRCLE SUITE 3700 INDIANAPOLIS, IN 46204		PATENT LEGAL SE	216,551
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a	CONTRACT AND GRANTS		4,466,407	4,466,407			
	b	PATENT AND LICENSING COSTS		2,402,858	2,402,858			
	c	ASSMNT FEES REC RLTD UF CLLGS		2,300,000	2,300,000			
	d	LICENSING FEES		870,007	870,007			
	e	OTHER PROGRAM SERVICE REVENUE		34,958	34,958			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		10,074,230				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)						
				2,845,735			2,845,735	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties		24,581,498	24,581,498			
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			1,982,210					
			303,090					
			1,679,120					
	d	Net gain or (loss)		1,679,120			1,679,120	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a						
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . . .						
9a	Gross income from gaming activities See Part IV, line 19							
	a							
b	Less direct expenses	b						
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances							
	a							
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . . .							
	Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS INCOME		900,099	1,825			1,825	
b	K-1 ACTIVITY NOT ON FIN STMTS		541,900	-57,868		-57,868		
c								
d	All other revenue							
e	Total. Add lines 11a-11d			-56,043				
12	Total revenue. See Instructions			39,124,540	34,655,728	-57,868	4,526,680	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	4,259,942	4,258,281	1,661	
c	Accounting	40,000		40,000	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	303,090	303,090		
g	Other	14,850	14,850		
12	Advertising and promotion				
13	Office expenses	496	496		
14	Information technology				
15	Royalties	15,826,593	15,826,593		
16	Occupancy				
17	Travel	64,231		64,231	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,514,750		1,514,750	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	29,247	29,247		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	CONTRACTS AND GRANTS	4,359,575	4,359,575		
b	RESEARCH & DEVELOPMENT AW	3,986,916	3,986,916		
c	TECHNOLOGY LICENSES	1,967,905	1,967,905		
d	GATORADE ALLOCATION	1,744,124	1,744,124		
e	REIMBURSED EMPLOYEE COSTS	505,606	505,606		
f	All other expenses	609,636	336,085	273,551	
25	Total functional expenses. Add lines 1 through 24f	35,226,961	33,332,768	1,894,193	0
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			1,323,525	2	963,060
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			9,067,854	4	6,479,990
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			383,886	7	97,866
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			590,735	9	567,184
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities			59,311,780	11	187,509
	12	Investments—other securities. See Part IV, line 11			68,607,481	12	139,072,156
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			139,285,261	16	147,367,765
Liabilities	17	Accounts payable and accrued expenses			18,742,351	17	15,723,875
	18	Grants payable				18	
	19	Deferred revenue			8,653,301	19	7,984,740
	20	Tax-exempt bond liabilities			32,600,000	20	31,800,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			11,438,086	21	13,281,538
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			71,433,738	26	68,790,153
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☒ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds			67,851,523	32	78,577,612
	33	Total net assets or fund balances			67,851,523	33	78,577,612
	34	Total liabilities and net assets/fund balances			139,285,261	34	147,367,765

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 		
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 . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization UNIVERSITY OF FLORIDA RESEARCH FOUNDATION INC		Employer identification number 59-2729133
--	--	--

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☒ Type I

b

☐ Type II

c

☐ Type III - Functionally integrated

d

☐ Type III - Other

e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	Yes	No
(ii) a family member of a person described in (i) above?	11g(ii)	No
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	No

h

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
UNIVERSITY OF FLORIDA	596002052	5	Yes		Yes		Yes		5,731,040
Total									5,731,040

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)						12
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 59-2729133
Name: UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code	) (Expenses \$	303,090	including grants of \$	) (Revenue \$	4,534,958)
OTHER COSTS INCURRED FOR UNIVERSITY OF FLORIDA RESEARCH FOUNDATION ACTIVITIES					

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR J BERNARD MACHEN CHAIRPERSON	1 00	X		X				0	1,110,896	38,738
DR DAVID S GUZICK DIRECTOR	1 00	X						0	522,622	31,500
DR JOHN KRAFT DIRECTOR	1 00	X						0	496,252	43,349
DR WINFRED M PHILLIPS PRESIDENT	10 00	X		X				0	369,692	48,444
DR JOSEPH GLOVER DIRECTOR	1 00	X						0	321,724	38,155
DR CAMMY ABERNATHY DIRECTOR	1 00	X						0	271,343	34,746
MR J EDWARD POPPELL DIRECTOR	1 00	X						0	258,408	39,876
DR PAUL J D'ANIERI DIRECTOR	1 00	X						0	234,004	35,203
MR BRIAN HUTCHISON DIRECTOR	1 00	X						0	0	0
THE HONORABLE CAROLYN ROBERTS DIRECTOR	1 00	X						0	0	0
THE HONORABLE JOELEN MERKEL DIRECTOR	1 00	X						0	0	0
DR JACK PAYNE DIRECTOR	1 00	X						0	0	0
DR THOMAS E WALSH APP OFFICER	1 00			X				0	239,200	29,691
MR DAVID L DAY APP OFFICER	40 00			X				0	237,129	34,013
MR MICHAEL V MCKEE TREASURER	1 00			X				0	144,295	25,061
MR FRANK P WARD SECRETARY	30 00			X				0	97,190	15,249
JANE MUIR ASS DIRECTOR	40 00					X		0	119,770	18,893

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
CONTRACT AND GRANTS		4,466,407	4,466,407		
PATENT AND LICENSING COSTS		2,402,858	2,402,858		
ASSMNT FEES REC RLTD UF CLLGS		2,300,000	2,300,000		
LICENSING FEES		870,007	870,007		
OTHER PROGRAM SERVICE REVENUE		34,958	34,958		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CONTRACTS AND GRANTS	4,359,575	4,359,575		
RESEARCH & DEVELOPMENT AW	3,986,916	3,986,916		
TECHNOLOGY LICENSES	1,967,905	1,967,905		
GATORADE ALLOCATION	1,744,124	1,744,124		
REIMBURSED EMPLOYEE COSTS	505,606	505,606		

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION INC

Employer identification number

59-2729133

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☒ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes☒ No	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes☒ No											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes☒ No											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

3a(i)

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements			
d	Equipment			
e	Other			
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	39,124,540
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,226,961
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,897,579
4	Net unrealized gains (losses) on investments	4	6,770,642
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	57,868
9	Total adjustments (net) Add lines 4 - 8	9	6,828,510
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,726,089

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	45,649,960
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	6,770,642
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	6,770,642
3	Subtract line 2e from line 1	3	38,879,318
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	303,090
b	Other (Describe in Part XIV)	4b	-57,868
c	Add lines 4a and 4b	4c	245,222
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	39,124,540

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	34,923,871
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	34,923,871
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	303,090
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	303,090
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	35,226,961

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
ESCROW LIABILITY ARRANGEMENT EXPLANATION	SCHEDULE D, PAGE 2, PART IV, LINE 2B	THE ORGANIZATION HOLDS INVESTMENTS IN A CUSTODIAL ARRANGEMENT FOR TWO COLLEGES WITHIN THE UNIVERSITY OF FLORIDA
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	K-1 ACTIVITY NOT INCLUDED ON THE FINANCIAL STATEMENTS 57,868
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	K-1 ACTIVITY NOT INCLUDED ON THE FINANCIAL STATEMENTS -57,868

Additional Data

Software ID:

Software Version:

EIN: 59-2729133

Name: UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION INC

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
SPIA-EXTERNAL INVESTMENT POOL	71,764,421	F
FLORIDA LONG TERM POOL FUND, LP	60,108,834	C
FL PRIVATE INVESTMENTS FUND (B), LP	5,489,567	C
FL PRIVATE INVESTMENTS FUND 2010, LP	573,629	C
HEDGE STRATEGIES FOF MTU	430,102	C
SBA-EXTERNAL INVESTMENT POOL	354,347	F
EQUITY INVESTMENTS	316,012	C
MONEY MARKET FUNDS	33,890	C
NT SECURITY LENDING MTU	1,354	C

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION INC

Employer identification number

59-2729133

Part I

Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DR J BERNARD MACHEN	(i) (ii)	430,512	225,000	455,384	25,652	13,086	1,149,634	
DR DAVID S GUZICK	(i) (ii)	340,613		182,009	25,554	5,946	554,122	
DR JOHN KRAFT	(i) (ii)	329,173		167,079	32,423	10,926	539,601	
DR WINFRED M PHILLIPS	(i) (ii)	350,845		18,847	43,057	5,387	418,136	
DR JOSEPH GLOVER	(i) (ii)	310,345		11,379	32,369	5,786	359,879	
DR CAMMY ABERNATHY	(i) (ii)	270,401		942	28,203	6,543	306,089	
MR J EDWARD POPPELL	(i) (ii)	243,745		14,663	26,790	13,086	298,284	
DR PAUL J D'ANIERI	(i) (ii)	232,759		1,245	24,277	10,926	269,207	
DR THOMAS E WALSH	(i) (ii)	234,946		4,254	24,505	5,186	268,891	
MR DAVID L DAY	(i) (ii)	232,665		4,464	23,087	10,926	271,142	
MR MICHAEL V MCKEE	(i) (ii)	142,448		1,847	14,135	10,926	169,356	

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.						OMB No 1545-0047	
							2009	
							Open to Public Inspection	
Name of the organization UNIVERSITY OF FLORIDA RESEARCH FOUNDATION INC						Employer identification number 59-2729133		

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A CAPITAL IMPROVEMENT REVENUE BONDS	59-2729133	VARIOUSNO	08-24-2004	35,000,000	CANCER GENETICS BLDG		X		X

Part II Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	35,000,000									
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds	173,750									
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	34,826,250									
8	Year of substantial completion	2006									
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X								
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

Additional Data

Software ID:

Software Version:

EIN: 59-2729133

Name: UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION INC

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493140009131

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

Name of the organization UNIVERSITY OF FLORIDA RESEARCH FOUNDATION INC	Employer identification number 59-2729133
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Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	OTHER COSTS INCURRED FOR UNIVERSITY OF FLORIDA RESEARCH FOUNDATION ACTIVITIES

Identifier	Return Reference	Explanation
OFFICERS WHO CANNOT BE REACHED	FORM 990, PAGE 6, PART VI, LINE 9	DR J BERNARD MACHEN PO BOX 113150 GAINESVILLE, FL 32611 DR JOSEPH GLOVER PO BOX 113175 GAINESVILLE, FL 32611 DR DAVID S GUZICK PO BOX 100014 GAINESVILLE, FL 32610 DR CAMMY ABERNATHY PO BOX 116550 GAINESVILLE, FL 32611 DR JOHN KRAFT PO BOX 117150 GAINESVILLE, FL 32611 THE HONORABLE JOELEN K MERKEL 118 MARLIN DRIVE OCEAN RIDGE, FL 33435 THE HONORABLE CAROLYN K ROBERTS 115 NE 8TH AVENUE OCALA, FL 34470 MR J EDWARD POPPELL PO BOX 113100 GAINESVILLE, FL 32611 DR PAUL J D'ANIERI PO BOX 117300 GAINESVILLE, FL 32611 MR BRIAN HUTCHISON PO BOX 2650 ALACHUA, FL 32616 DR JACK PAYNE PO BOX 110180 GAINESVILLE, FL 32611 MR MICHAEL V MCKEE PO BOX 113200 GAINESVILLE, FL 32611

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	A COPY OF FORM 990 WAS SENT VIA EMAIL TO THE GOVERNING BOARD AND MANAGEMENT

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	UNDER PUBLIC RECORDS ON THE UFRF HOME PAGE HTTP://WWW.RESEARCH.UFL.EDU/UFRF/PUBLICINFO.HTML WE LIST ALL MEETING ANNOUNCEMENTS FOR THE PUBLIC PLUS COPIES OF THE LAST THREE YEARS FORM 990S WE CURRENTLY DO NOT MAKE THE CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THIS PAGE

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	ADDITIONAL INFORMATION REGARDING PART VII & SCHEDULE J THROUGH THE RELATED ORGANIZATION THAT EMPLOY S THEM, THE INDIVIDUALS REPORTED IN PART VII OF FORM 990 AND IN SCHEDULE J (FORM 990) GENERALLY PARTICIPATE IN THE FLORIDA RETIREMENT SYSTEM (FRS), A MULTI-EMPLOYER RETIREMENT SYSTEM CREATED UNDER CHAPTER 121 OF THE FLORIDA STATUTES AND ADMINISTERED BY THE FLORIDA DIVISION OF RETIREMENT AS STATED ON THE WEBSITE OF FRS, IT IS FUNDED BY CONTRIBUTIONS PAID BY EMPLOYERS, BASED ON A PERCENTAGE OF THE EMPLOYEES SALARIES THE RATE OF CONTRIBUTIONS REQUIRED IS DETERMINED BY AN ACTUARIAL CONSULTING FIRM TO ASSURE COMPLIANCE WITH THE REQUIREMENTS OF THE CONSTITUTION OF THE STATE OF FLORIDA THE INSTRUCTIONS FOR FORM 990 INDICATE THAT PART VII AND SCHEDULE J SHOULD INCLUDE A REASONABLE ESTIMATE OF THE INCREASE IN THE ACTUARIAL VALUE OF ANY QUALIFIED OR NONQUALIFIED RETIREMENT ACCRUALS UNDER A DEFINED BENEFIT PLAN FRS HAS STATED THAT SUCH INFORMATION CURRENTLY IS NOT AVAILABLE FOR PARTICIPANTS IN ITS PLAN THEREFORE, THE AMOUNTS REPORTED IN PART VII AND SCHEDULE J, AS APPROPRIATE, INCLUDE THE CONTRIBUTION PAID BY THE RELATED ORGANIZATION AS ITS CONTRIBUTION ON BEHALF OF THE NAMED INDIVIDUAL THIS AMOUNT IS CONSIDERED THE BEST REASONABLE ESTIMATE OF INFORMATION REQUIRED IN THIS FORM 990 AND RELATED SCHEDULES FORM 926 ADDITIONAL INFORMATION REQUIRED UNDER REGULATIONS SECTION 1 6038B-1(C) AND TEMPORARY REGULATIONS SECTION 1 6038B- 1T(C) (1) THROUGH (5) AND 1 6038B-1T(D) (1)FORM 926 NAME OF PARTNERSHIP ALINDA INFRASTRUCTURE FUND II A IV, LP 98-0597709 (C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC , 59- 2729133, P O BOX 1150, GAINESVILLE, FLORIDA 32611-5500 (C) (2)(I) TRANSFER-TRANSFeree INFORMATION-COOPERATIEF INLAND TERMINALS UA, 98-0601039, 150 EAST 58TH STREET, 39TH FLOOR, NEW YORK, NY 10155, (C) (2)(II)DESCRIPTION OF TRANSFER-CASH (C) (3) CONSIDERATION RECEIVED-11 8499% OF TRANSFEREE ENTITY , THE ESTIMATED FAIR MARKET VALUE 36,517-NO INFORMATION WAS PROVIDED AT TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C) (5) ITEM NOT APPLICABLE (2)FORM 926 NAME OF PARTNERSHIP FLORIDA HEDGED STRATEGIES FUND LLC 27-0277727 (C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC , 59-2729133, P O BOX 1150, GAINESVILLE, FLORIDA 32611-5500 (C) (2)(I) TRANSFER-TRANSFeree INFORMATION-ANCHOR POINT CAPITAL COMMODITY FUND, LTD , SOUTH CHURCH STREET, PO BOX 1234, GRAND CAYMAN KY 1-1108 COUNTRY CODE OF COUNTRY OF INCORPORATION -CAYMAN ISLANDS (C)(2)(II)DESCRIPTION OF TRANSFER- CASH (C) (3) CONSIDERATION RECEIVED-6 6019% OF TRANSFEREE ENTITY , THE ESTIMATED FAIR MARKET VALUE IS 858,252-NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C) (5) ITEM NOT APPLICABLE (3)FORM 926 NAME OF PARTNERSHIP FL HEDGED STRATEGIES FUND LLC/ FL GLOBAL EQUITY FUND LLC 27-0277727/27-0276884 (C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC , 59-2729133, P O BOX 1150, GAINESVILLE, FLORIDA 32611-5500 (C) (2)(I) TRANSFER-TRANSFeree INFORMATION-EPWORTH, C/O MAPLES CORPORATE SERVICES LTD , PO BOX 309, GRAND CAYMAN KY 1-1104, COUNTRY CODE OF COUNTRY OF INCORPORATION -CAYMAN ISLANDS (C) (2)(II) DESCRIPTION OF TRANSFER-CASH (C) (3) CONSIDERATION RECEIVED-6 6603% OF TRANSFEREE ENTITY , THE ESTIMATED FAIR MARKET VALUE IS 5,121,859, NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C)(5) ITEM NOT APPLICABLE (4)FORM 926 NAME OF PARTNERSHIP FLORIDA HEDGED STRATEGIES FUND LLC 59-2729133 (C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC , 59-2729133, P O BOX 1150, GAINESVILLE, FLORIDA 32611-5500 (C) (2) (I) TRANSFER-TRANSFeree INFORMATION-FIR TREE INTERNATIONAL VALUE FUND, LTD C/O ADMIRAL ADMINISTRATION LTD , PO BOX 32021 SMB ANCHORAGE, GRAND CAYMAN COUNTRY CODE OF COUNTRY OF INCORPORATION -CAYMAN ISLANDS (C) (2)(II)DESCRIPTION OF TRANSFER-CASH (C) (3) CONSIDERATION RECEIVED-6 6019% OF TRANSFeree ENTITY , THE ESTIMATED FAIR MARKET VALUE IS 924,271, NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C)(5) ITEM NOT APPLICABLE (5)FORM 926 NAME OF PARTNERSHIP FLORIDA GLOBAL EQUITY FUND LLC 27-0276884 (C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC , 59-2729133, P O BOX 1150, GAINESVILLE, FLORIDA 32611-5500 (C) (2) (I) TRANSFER-TRANSFeree INFORMATION-KEYWISE GREATER CHINA OPPORTUNITIES MASTER FUND, C/O WALKER HOUSE, 87 MARY STREET, GRAND CAYMAN KY 1-9002 COUNTRY CODE OF COUNTRY OF INCORPORATION -CAYMAN ISLANDS (C) (2)(II)DESCRIPTION OF TRANSFER- CASH (C) (3) CONSIDERATION RECEIVED-6 8264% OF TRANSFEREE ENTITY , THE ESTIMATED FAIR MARKET VALUE IS 1,023,966, NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C)(5) ITEM NOT APPLICABLE (6)FORM 926 NAME OF PARTNERSHIP FLORIDA GLOBAL EQUITY FUND LLC 27-0276884 (C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC , 59-2729133, P O BOX 1150, GAINESVILLE, FLORIDA 32611-5500 (C) (2) (I) TRANSFER-TRANSFeree INFORMATION-NOMAD INVESTING COMPANY LTD, HARBOUR CENTER, GEORGE TOWN, GRAND CAYMAN COUNTRY CODE OF COUNTRY OF INCORPORATION -CAYMAN ISLANDS (C) (2)(II)DESCRIPTION OF TRANSFER-CASH (C) (3) CONSIDERATION RECEIVED-6 8264% OF TRANSFeree ENTITY , THE ESTIMATED FAIR MARKET VALUE IS 409,586, NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRANSFERRED- CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C)(5) ITEM NOT APPLICABLE (7) FORM 926 NAME OF PARTNERSHIP FLORIDA GLOBAL EQUITY FUND LLC 27-0276884 (C) (1) TRANSFEROR- UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC , 59-2729133, P O BOX 1150, GAINESVILLE, FLORIDA 32611-5500 (C) (2) (I) TRANSFER-TRANSFeree INFORMATION-PERSHING SQUARE INTERNATIONAL, LTD , C/O GOLDMAN SACHS (CAYMAN) TRUST, PO BOX 896 GEORGE TOWN, GRAND CAYMAN COUNTRY CODE OF COUNTRY OF INCORPORATION -CAYMAN ISLANDS (C) (2)(II)DESCRIPTION OF TRANSFER-CASH (C) (3) CONSIDERATION RECEIVED-6 8264% OF TRANSFeree ENTITY , THE ESTIMATED FAIR MARKET VALUE IS 682,644, NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C)(5) ITEM NOT APPLICABLE (8)FORM 926 NAME OF PARTNERSHIP FLORIDA GLOBAL EQUITY FUND LLC 27-0276884 (C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC , 59-2729133, P O BOX 1150, GAINESVILLE, FLORIDA 32611-5500 (C) (2) (I) TRANSFER- PRUSIK ASIA FUND PLC, BROOKLAWN HOUSE, CRAMPTON AVE/SHELBOURNE ROAD, BALLSBRIDGE DUBLIN 4 COUNTRY CODE OF COUNTRY OF INCORPORATION -IRELAND (C) (2)(II)DESCRIPTION OF TRANSFER-CASH (C) (3) CONSIDERATION RECEIVED-6 8264% OF TRANSFeree ENTITY , THE ESTIMATED FAIR MARKET VALUE IS 136,529, NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C)(5) ITEM NOT APPLICABLE (9)FORM 926 NAME OF PARTNERSHIP FLORIDA GLOBAL EQUITY FUND LLC 27-0276884 (C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC , 59-2729133, P O BOX 1150, GAINESVILLE, FLORIDA 32611-5500 (C) (2) (I) TRANSFER- STEELHEAD NAVIGATOR FUND, LTD , C/L CITCO FUND SERVICES (BERMUDA) , 8 PAR-LA-VILLE ROAD, HAMILTON HM COUNTRY CODE OF COUNTRY OF INCORPORATION -BERMUDA (C) (2)(II)DESCRIPTION OF TRANSFER-CASH (C) (3) CONSIDERATION RECEIVED-6 8264% OF TRANSFeree ENTITY , THE ESTIMATED FAIR MARKET VALUE IS 1,023,966, NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C)(5) ITEM NOT APPLICABLE

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION INC

Employer identification number

59-2729133

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
UNIVERSITY OF FLORIDA PO BOX 114000 GAINESVILLE, FL 32611 59-6002052	EDUCATION	FL			NA
UNIVERSITY OF FL INVESTMENT CORP 4510 NW 6TH PLACE GAINESVILLE, FL 32607 20-1226494	INVESTMENT	FL	501	5	NA

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
FLORIDA PRIVATE INVESTMENTS FUND L C/O UNIV OF FLORIDA INVESTMENT COR 4510 NW 6TH PLACE 2ND FLOOR GAINESVILLE, FL32607 27-0277240	INVESTMENT	FL	NA	UNRELATED	-22,244	6,063,197		No	-48,247		No
FLORIDA LONG TERM POOL FUND LP C/O UNIVER OF FL INVESTMENT CORP 4510 NW 6TH PLACE 2ND FLOOR GAINESVILLE, FL32607 27-0277090	INVESTMENT	FL	NA	EXCLUDED	595,688	60,108,810		No	-5,927		No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

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 (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

1a

No

1b

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

[illegible]

Software ID:

Software Version:

EIN: 59-2729133

Name: UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION INC

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	UNIVERSITY OF FLORIDA	D	97,866
(2)	UNIVERSITY OF FLORIDA	M	
(3)	UNIVERSITY OF FLORIDA	N	505,606
(4)	UNIVERSITY OF FLORIDA	O	1,967,905
(5)	UNIVERSITY OF FL INVESTMENT CORP	Q	128,418
(6)	FLORIDA LONG TERM POOL FUND LP	B	55,589,067
(7)	FLORIDA LONG TERM POOL FUND LP	R	2,755,589
(8)	FLORIDA PRIVATE INVESTMENTS FUND L	B	6,082,765
(9)	FLORIDA PRIVATE INVESTMENTS FUND L	R	242,395