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DLN: 93493136036742

## Form **990**

Department of the Treasury

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

201

2010

OMB No 1545-0047

Open to Public Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements

	110701140	COLVIDO				Inspection
		2010 calendar year, or tax year beginn  C Name of organization	ing 07-01-2010 and ending 06-30-20	11	D Employer	identification number
_	eck ıf a dress ch	UNIVERSITY OF CENTRAL FLORIDA	FOUNDATION INC		59-6211	
_	me cha	Doing Business As				
_	tial retu				E Telephone	number
_	rminate	12424 DESEADON DADKWAY	mail is not delivered to street address)	Room/suite	(407)88	2-1220
_	nended		71D + 4		<b>G</b> Gross recei	pts \$ 65,703,216
_		ORLANDO, FL 32826	ZIP + 4			
Аþ	piication	pending		T		
		F Name and address of pri		H(a) Is this	a group return for affi	liates? Yes Vo
		12424 RESEARCH PARKW	AYSTE 140	<b>H(b)</b> Are al	l affiliates included	Yes No
		ORLANDO,FL 32826		If "N	o," attach a lıs	t (see instructions)
<b>r</b> Ta	ıx-exem	pt status 501(c)(3) 501(c)()	(insert no ) 4947(a)(1) or 527	H(c) Grou	ıp exemption n	umber ►
1 W	ehsite	:► www.UCFFOUNDATIONORG		1		
				1	1	
		ganization Corporation Trust Association	on   Other ►	<b>L</b> Year of fo	rmation 1968	M State of legal domicile FL
Pa	rt I	Summary				
		Briefly describe the organization's missi THE UCF FOUNDATION, INC IS A NO	<u> </u>	AT ENHANCE:	S THE MISSIC	N AND VISION OF
œ.		THE UNIVERSITY OF CENTRAL FLOR				
Governance	-					
Ē	-					
<u> </u>	2	Check this box 🔭 if the organization d	iscontinued its operations or disposed	l of more than 2	5% of its net	assets
	3 1	Number of voting members of the govern	ning body (Part VI, line 1a)		3	41
8	4 1	Number of independent voting members	of the governing body (Part VI, line 1	b)	. 4	39
Ē	5	Total number of individuals employed in	calendar year 2010 (Part V, line 2a)		5	0
Activities &	6	Total number of volunteers (estimate if	necessary)		6	600
•	7a -	Fotal unrelated business revenue from F	Part VIII, column (C), line 12		7a	165,722
	Ь	Net unrelated business taxable income	from Form 990-T, line 34		7b	-25,294
				Prio	or Year	Current Year
-	8	Contributions and grants (Part VIII, I		9,517,815	18,829,145	
Revenue	9	Program service revenue (Part VIII, I	line 2g)		520,121	2,030,644
işve.	10	Investment income (Part VIII, colum	n (A), lines 3, 4, and 7d)	-	7,451,040	4,845,537
ш.	11	Other revenue (Part VIII, column (A)			4,078,232	2,973,082
	12	Total revenue—add lines 8 through 11		ne	21,567,208	28,678,408
	13		t IX, column (A), lines 1-3)		13,446,659	11,808,071
	14	Benefits paid to or for members (Part			0	0
	15		ree benefits (Part IX, column (A), lines			
Expenses		5-10)			8,371,551	9,691,460
<u>ā</u>	16a	Professional fundraising fees (Part IX	, column (A), line 11e)		6,500	106,230
蓋	b	Total fundraising expenses (Part IX, column (I				
	17		lines 11a-11d, 11f-24f)		4,812,364	5,227,007
	18		ust equal Part IX, column (A), line 25)		26,637,074	26,832,768
. 09	19	Revenue less expenses Subtract line	e 18 from line 12		-5,069,866	1,845,640
8 9 9 8					g of Current 'ear	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			225,958,256	245,947,887
₹ B.	21	Total liabilities (Part X, line 26)			41,755,174	39,944,268
žŽ	22	Net assets or fund balances Subtract	t line 21 from line 20		184,203,082	206,003,619
Pa	rt II	Signature Block		•	•	
know		ties of perjury, I declare that I have examinand belief, it is true, correct, and complete		cer) is based on	all information	
Sigr	,	Signature of officer			012-05-15 ate	
sıgı Her		ALBERT J FRANCIS II CFO				
•	-	Type or print name and title				
			Preparer's signature	Date	Check if self-	PTIN
Paid	L	preparer's name Firm's name FERNST & YOUNG US LLP			employed 🕨 🦳	
Prep	arer		1000			Firm's EIN
	Only	Firm's address F 55 IVAN ALLEN JR BLVD SUITE	1000			Phone no (404) 874-8300
	-	ATLANTA, GA 30308				0300

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

┌ Yes ┌ No

1 0111	730 (2010)
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
TO T	CF FOUNDATION, INC IS A 501(C)(3) CHARITABLE NON-PROFIT ORGANIZATION AND A DIRECT SUPPORT ORGANIZATIO IE UNIVERSITY OF CENTRAL FLORIDA THE FOUNDATION ENHANCES RELATIONSHIPS WITH ALUMNI, FRIENDS, FACULTY, F, AND COMMUNITY PARTNERS THE FOUNDATION SECURES AND MANAGES CHARITABLE RESOURCES FOR THE ERSITY AND ALWAYS ACTS WITH INTEGRITY AND HONESTY
	Old the organization undertake any conficant program convices during the year which were not listed on
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
	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 \$ 5,529,937 including grants of \$ 5,485,632 ) (Revenue \$ 1,831,093 )
	ATHLETIC EXPENSES PAID IN SUPPORT OF THE UNIVERSITY OF CENTRAL FLORIDA ATHLETICS PROGRAM ENHANCE THE OVERALL ACADEMIC AND ATHLETIC EXPERIENCE FOR STUDENTS AND HELP PROVIDE FUNDS NECESSARY FOR UCF ATHLETICS TO CONTINUE DEVELOPING A NATIONALLY COMPETITIVE ATHLETICS PROGRAM FUNDS HELP ASSIST UCF ATHLETICS IN PROVIDING THE RESOURCES NECESSARY FOR UCF STUDENT ATHLETES TO SUCCEED IN THE CLASSROOM AND IN COMPETITION
4b	(Code ) (Expenses \$ 4,123,202 including grants of \$ 4,050,298 ) (Revenue \$ 2,142 )
	STUDENT AID - THE UCF FOUNDATION IS DEDICATED TO ENRICHING THE LIVES OF UCF STUDENTS, THEREFORE, THE FOUNDATION SOLICITS DONATIONS TO SUPPORT SCHOLARSHIPS TO BENEFIT UCF STUDENTS SCHOLARSHIPS ARE DESIGNED TO REWARD, ENCOURAGE AND ASSIST STUDENTS IN PURSUING ACADEMIC EXCELLENCE SCHOLARSHIPS HELP ATTRACT A DIVERSE STUDENT BODY THAT CONTINUES TO BRING VARIOUS TALENTS AND AMBITIOUS GOALS TO ALL FACETS OF THE UNIVERSITY SCHOLARSHIP FUNDS ARE TRANSFERRED TO THE UNIVERSITY FOR ADMINISTRATION AND PROCESSING
<b>4</b> c	(Code ) (Expenses \$ 3,759,045 including grants of \$ 1,828,094 ) (Revenue \$ 9,297 )
	ACADEMIC EXPENSES PAID IN SUPPORT OF THE UNIVERSITY OF CENTRAL FLORIDA PROGRAMS INCLUDE FUNDING FOR PROGRAM EXPENSES, CAPITAL FUNDING, AND SALARIES FOR UNIVERSITY EMPLOYEES ACADEMIC SUPPORT HELPS THE UNIVERSITY'S OUTSTANDING FACULTY INSPIRE STUDENTS, FOSTERS AND ENHANCE STRONG ACADEMIC PROGRAMS, AND SERVES AS A KEY ELEMENT TO INSTITUTIONAL GREATNESS ENDOWED CHAIRS AND DISTINGUISHED PROFESSORS ARE PRESTIGIOUS ACADEMIC POSITIONS HELD BY THE UNIVERSITY'S MOST ACCOMPLISHED FACULTY SPENDING TO SUPPORT THESE POSITIONS MEANS THAT ACADEMIC EXCELLENCE WILL BE MAINTAINED IN ADDITION, SUPPORT FOR RESEARCH PROJECTS AND INNOVATIVE PROGRAMS ARE AT THE HEART OF THE UCF LEARNING EXPERIENCE CURRICULUM DEVELOPMENT, INTERNSHIPS, INTERDISCIPLINARY WORK, EXPERIENTIAL LEARNING, AND ACADEMIC ENRICHMENT ALL REQUIRE PRIVATE SUPPORT
	Other program services (Describe in Schedule O )
	(Expenses \$ 4,654,640 including grants of \$ 444,047 ) (Revenue \$ 503,912 )
4e	Total program service expenses►\$ 18,066,824

Part TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXCUUII CU	Scriculics

			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 (see instruction)? 🖘	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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 1	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	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part $V^{\bullet}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		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
b	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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	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 (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t 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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νo
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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\bigcirc$ Yes $\checkmark$ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check it Schedule O contains a response to any question in this Part V		•1	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		Yes	No
	1a 44			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
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, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21-		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the		V	
ь	year?	3a 3b	Yes Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►			
	See instructions for fining requirements for Form 1D 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? $\cdot$ .	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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 governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		Νο
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			
а	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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
10-	Describes an acceptant based absorbers because of the base 2	40-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	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	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
	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		No
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?	161		
6-	ection C. Disclosure	16b		
<u> </u>	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3) control available for public inspection. Indicate how you make these available. Check all that apply			

- (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of Own website. Another's website. Upon request
  - 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 🕨 ALBERT J FRANCIS II

12424 RESEARCH PARKWAY SUITE 140

ORLANDO, FL 32826

(407)882-1220

### <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organ	nization nor any r	<u>elated o</u>	rgan	zatio	on c	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours		tion (		′)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

Form 990 (2010)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

( <b>A)</b> Name and Title	(B) Average hours	P osı t				ıll		Rep comp	( <b>D)</b> ortable ensation m the	(E) Reportable compensation from related		(F) Estima amount o	ated fother
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organız	ration (W- 9-MISC)	organizations (W- 2/1099- MISC)		from t organizat relat organiza	the Ion and ed
See Additional Data Table													
					_	-					_		
											+		
					-								
1b Sub-Total				<u> </u>			<u> </u>						
	ion sheets to Part VII, Sec				<u> </u>	<u> </u>							
	nd 1c)						<b>F</b>		1,413,943		0	:	255,622
2 Total number of indiv	iduals (including but not lir ble compensation from the	nıted to	thos	e lıs	ted		) who	receive	d more tha	n	<u> </u>		
												Yes	No
	ist any <b>former</b> officer, dire				ey e	mploy	ee, o	r highes	t compens	ated employee			
•	omplete Schedule J for such				•	•	•				3	Yes	
	ed on line 1a, is the sum o ed organizations greater t										4	Yes	
	on line 1a receive or accr the organization? <i>If</i> " <i>Yes,"</i>									r individual for	5		No
Section B. Independ			nd - :-	الد عرم	- n-			*6.5* :		. +han			
	or your five highest compe sation from the organization		паер	enae	ent (	ontra	ctors	cnat rec	eivea more	e inan			
	( <b>A</b> ) Name and business ad	dress							Descr	(B) uption of services		(C Comper	) nsation
CUSHMAN WAKEFIELD 12424 RESEARCH PARKWAY	Marrie and Dubiness du	u1C33							MANAGEMEN		$\dashv$	compet	569,298

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
CUSHMAN WAKEFIELD 12424 RESEARCH PARKWAY ORLANDO, FL 32826	MANAGEMENT SERVICES	569,298
D A BUILDING SERVICES 321 GEORGIA AVENUE LONGWOOD, FL 32750	MAINTENANCE	419,498
MACDADE CONSTRUCTION 1111 ABADY COURT DELTONA, FL 32725	CONSTRUCTION	370,532
KNIGHTS IMAGES 130 SOUTH ORANGE AVENUE ORLANDO, FL 32801	PRINTING & PRDCTN	344,729
BAKER COMMERICAL LANDSCAPING 2699 FORSYTH ROAD SUITE 111 ORLANDO, FL 32807	LANDSCAPING	176,708
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►17	) who received more than	

### 1000   Formation   Formati	Form 9		•					Pa	age <b>9</b>
1	Part \	<b>7</b> • • • •	Statement of Reveni	ue			Related or exempt function	Unrelated business	
Business Code									512, 513, or 514
Business Code	## ##	1a	Federated campaigns	1a					
Business Code	gra	b	Membership dues	. 1b					
Business Code	r B.	c	Fundraising events	. 1c	377,395				
Business Code	~ 를 를 [			. 1d					
Business Code	tions er sin							ļ	
Business Code	한 후 로	f	All other contributions, gifts, grants similar amounts not included above	, and <b>1f</b> e	10,694,121				
Business Code	호호	g	Noncash contributions included in li	nes 1a-1f \$	99,079				
PROGRAM REVENUE	ಶಹ	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		18,829,145			
3   Total Add lines 2a-2f	<u>e</u>	2-			Business Code				
3   Total Add lines 2a-2f	wen		PROGRAM REVENUE		611710	2,030,644	2,024,892		
3   Total Add lines 2a-2f	-82e								
3   Total Add lines 2a-2f	r Mc								
3   Total Add lines 2a-2f	38								
3   Total Add lines 2a-2f	Gran		All other program service rev	venue					
3   Investment income (including dividends, interest and other similar amounts)   2,695,543   2,695,643   2,695,	ξ.		Total Add lines 2a_2f	_		2 030 644			
### 2,695,448   2,						2,030,044			
1915   1917   1918   1919					2,695,543			2,695,54	
(i) Real		_				0		45.463	101.10
See Secretaria   1,170,709		5	Royalties		(u) Personal	237,563		46,462	191,10
Page 2016   Page		6a	Gross Rents		(II) F ersonar				
Total revenue   C   Rental income   Rental income   C   Rental income   Rental incom		_		7,178,709					
A Net rental income or (loss)		c	Rental income	2,620,678					
Ta Gines amount from sales of assets other than inventory b tess cost or other basis and sales expenses c Gain or (loss) 29,721,776  d Net gain or (loss) 2,149,994 2					1	2,620,678		37,740	2,582,93
### Total Revenue   Page 20   Page 2		_	Cross amount		(II) O ther				
### Table 10			from sales of	31,871,270					
Same of the basis and sales expenses   2,149,994			than inventory	20 721 276					
### Advertising Revenue    C Gain or (loss)		_	other basis and	29,721,270					
Ba Gross income from fundraising events (not including \$ 377,395 of contributions reported on line 1c) See Part IV, line 18  a 161,427 b Less direct expenses b 124,823 c Net income or (loss) from fundraising events				2,149,994					
(not including \$ 377,395 of contributions reported on line 1c) See Part IV, line 18						2,149,994			2,149,99
c Net income or (loss) from fundraising events .	Revenue		(not including \$377,395 of contributions reported on	line 1c)					
c Net income or (loss) from fundraising events .	jer			a	161,427				
9a Gross income from gaming activities See Part IV, line 19 . a b Less direct expenses	ਰ ∣				124,823	36.604			36,60
b Less direct expenses b				<del>-</del>					00,00
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  11a Advertising Revenue  b Miscellaneous Revenue  c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See Instructions					ь				
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 A dvertising Revenue  541800  75,760  75,760  b Miscellaneous Revenue  c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See Instructions						0			
c Net income or (loss) from sales of inventory       Image: content of the content of									
Miscellaneous Revenue       Business Code         11a Advertising Revenue       541800       75,760       75,760         b Miscellaneous Revenue       900099       2,477       2,469       8         c       0									
11a Advertising Revenue       541800       75,760       75,760         b Miscellaneous Revenue       900099       2,477       2,469       8         c       0		С		les of inventory 🟲	Business Cods	0			
b Miscellaneous Revenue 900099 2,477 2,469 8  c d All other revenue		11a				75,760		75,760	
c d All other revenue e Total. Add lines 11a–11d					900099			8	
e Total. Add lines 11a–11d									
12 Total revenue. See Instructions		d	All other revenue						
<b>12 Total revenue.</b> See Instructions		e	Total. Add lines 11a-11d .			78.237			
28,678,408    165,722  7,656,3		12	Total revenue See Instructi	one b-					
			iotai ievenue. See Instruction	VII3		28,678,408	2,027.361	165,722	7,656,18

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to $c$			(D)	
Do no	other organizations must complete column (x) but are not required to cooperate amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	11,690,878	11,690,878		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	117,193			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	111,133		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,370,804	443,569	442,377	484,858
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	6,624,309	2,164,206	2,549,551	1,910,552
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	547,468	109,568	271,554	166,346
9	Other employee benefits	743,976	132,333	391,771	219,872
10	Payroll taxes	404,903	82,624	200,324	121,955
а	Fees for services (non-employees) Management	0			
b	Legal	40,083	1,216	38,867	
c	Accounting	116,000		116,000	
d	Lobbying	157,772	157,772		
е	Professional fundraising services See Part IV, line 17	106,230			106,230
f	Investment management fees	193,604	162,959	30,645	
g	Other	663,851	530,179	123,128	10,544
12	Advertising and promotion	220,745	121,220	13,167	86,358
13	Office expenses	524,046	295,867	108,618	119,561
14	Information technology	399,725	56,048	332,079	11,598
15	Royalties	0			
16	Occupancy	0			
17	Travel	362,727	267,064	15,701	79,962
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	505,871	395,292	31,798	78,781
20	Interest	181,491	181,491		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	196,325	6,667	178,099	11,559
23	Insurance	136,101	51,112	82,932	2,057
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Banquests & Receptions	412,532	293,497	2,567	116,468
b	PRINTING & REPRODUCTIONS	199,841	121,630	9,886	68,325
c	RENTAL - OTHER	165,933	90,369	48,781	26,783
d	DUE, MMBRSHPS, AND SBSCRPTNS	156,699	84,497	36,364	35,838
е	EXTERNAL EVENT SPONSORSHIPS	148,734	110,941		37,793
f	All other expenses	444,927	398,632	16,144	30,151
25	Total functional expenses. Add lines 1 through 24f	26,832,768	18,066,824	5,040,353	3,725,591
26	<b>Joint costs.</b> Check here ► ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
		•	•		

Pa	ırt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			102,100	1	102,100
	2	Savings and temporary cash investments	22,633,887	2	16,418,068		
	3	Pledges and grants receivable, net	6,647,016	3	4,800,688		
	4	Accounts receivable, net			256,336	4	251,205
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)	mploy	ers, and			
ste		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,102,629	9	1,325,347
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	89,234,476			
	ь	Less accumulated depreciation	10b	14,655,467	75,372,687	10c	74,579,009
	11	Investments—publicly traded securities			115,207,895	11	141,265,340
	12	Investments—other securities See Part IV , line 11 $\cdot$ . $\cdot$			4,476,734	12	7,026,061
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			158,972	15	180,069
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			225,958,256	16	245,947,887
	17	Accounts payable and accrued expenses .			3,072,502	17	2,106,651
	18	Grants payable			215,349	18	112,459
	19	Deferred revenue			2,604,662	19	2,564,969
	20	Tax-exempt bond liabilities			25,218,089	20	24,906,479
es es	21	Escrow or custodial account liability Complete Part IV of Schedu	le D .			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	s .		9,741,137	23	9,249,612
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			903,435	25	1,004,098
	26	Total liabilities. Add lines 17 through 25			41,755,174	26	39,944,268
Balances		Organizations that follow SFAS 117, check here ► and complete through 29, and lines 33 and 34.	plete l	ines 27			_
anı	27	Unrestricted net assets				27	
- B3	28	Temporarily restricted net assets		28	_		
됟	29	Permanently restricted net assets				29	_
r Fund		Organizations that do not follow SFAS 117, check here ► $\sqrt{}$ at lines 30 through 34.	nd con	nplete			
s or	30	Capital stock or trust principal, or current funds			32,209,602	30	50,116,252
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			43,358,129	31	43,204,001
AS	32	Retained earnings, endowment, accumulated income, or other fu			108,635,351	32	112,683,366
Net	33	Total net assets or fund balances			184,203,082	33	206,003,619
Z	34	Total liabilities and net assets/fund balances			225,958,256	34	245,947,887

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		28,6	578,40
2	Total expenses (must equal Part IX, column (A), line 25)	2			332,76
3	Revenue less expenses Subtract line 2 from line 1	3		1,8	345,640
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		184,2	203,08
5	Other changes in net assets or fund balances (explain in Schedule O)	5		19,9	954,89
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		206,0	003,619
Par	The Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
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			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	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?	•	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493136036742

**Employer identification number** 

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

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.

Inspection

UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC 59-6211832 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II Type III - Other 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii)

(i) Name of supported organization	<b>(ii)</b> EIN	Type of organization (described on lines 1- 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		organizati col (i) of	(v) d you notify the rganization in col (i) of your support?  (vi) Is the organization in col (i) organized in the U S?		on in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
					-		ļ		
Total									

instructions

## Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

_	ection A. Public Support	organization i	ans to quanty t	inder the tests	iisted below, pr	case comple	te rait III.)
	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	66,756,629	30,259,329	14,964,623	9,517,815	18,829,1	45 140,327,541
	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	<b>Total.</b> Add lines 1 through 3	66,756,629	30,259,329	14,964,623	9,517,815	18,829,1	45 140,327,541
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)						29,337,910
6	Public Support. Subtract line 5 from line 4						110,989,631
S	ection B. Total Support						
Cal	endar year (or fiscal year	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total
7	beginning in) • A mounts from line 4	66,756,629	30,259,329	14,964,623	9,517,815	18,829,1	140,327,541
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,406,760	9,979,551	8,430,141	6,511,937	5,469,5	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	51,170	211,458	1,013,399	210,210	165,7	1,651,959
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	327,608	478,611	132,621	3,757	2,4	945,066
11	Total support (Add lines 7 through 10)						182,722,537
12	Gross receipts from related activit	ies, etc (See inst	ructions )			12	3,532,081
13 	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pul		·	, third, fourth, or f	ifth tax year as a	501(c)(3) org	anızatıon, ▶
14	Public Support Percentage for 201			11 column (f))		14	60 742 %
15	Public Support Percentage for 200	9 Schedule A, Pa	rt II, line 14			15	65 228 %
b	33 1/3% support test—2010. If the and stop here. The organization quantum 33 1/3% support test—2009. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization	alifies as a publice organization did no qualifies as a puestion of the organization meets the "fation	ly supported orga not check the bo ublicly supported anization did not acts and circums	inization x on line 13 or 16 organization check a box on lir tances" test, che	a, and line 15 is ne 13, 16a, or 16 ck this box and <b>s</b> i	or more, che 33 1/3% or mo b and line 14 top here. Expla	ock this box ore, check this
b 18	in Part IV how the organization merorganization  10%-facts-and-circumstances test 15 is 10% or more, and if the organization in Part IV how the organization  Private Foundation If the organization	— <b>2009.</b> If the organization meets the "fation m	anization did not e "facts and circu acts and circums	check a box on lir imstances" test, o tances" test The	ne 13, 16a, 16b, o check this box an organization qua	or 17a and line ad <b>stop here.</b> lifies as a pub	<b>▶</b> □

**▶**□

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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 **Private 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493136036742

OMB No 1545-0047

Open to Public **Inspection** 

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

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

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

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

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

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

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	es," to Form 990, Part IV, Line 5 zations Complete Part III	(Proxy Tax) or For	m 990-EZ, Part V, line 35a	(Proxy Tax), then				
	me of the organization	MATION INC		Employer iden	tification number				
UNI	IVERSITY OF CENTRAL FLORIDA FOUND	DATION INC		59-6211832					
Par	t I-A Complete if the or	ganization is exempt unde	er section 501(	c) or is a section 527	organization.				
1	Provide a description of the or	ganization's direct and indirect po	lıtıcal campaıgn act	tivities in Part IV					
2	Political expenditures	- ·		▶	\$				
3	Volunteer hours								
Par	t I-B Complete if the or	ganization is exempt unde	er section 501(	c)(3).					
1		e tax incurred by the organization			\$				
2	Enter the amount of any excis	e tax incurred by organization mar	nagers under sectio	n 4955 <b>►</b>	\$				
3	If the organization incurred a s	section 4955 tax, did it file Form 4	1720 for this year?		☐ Yes ☐ No				
4a	Was a correction made?				┌ Yes ┌ No				
b	If "Yes," describe in Part IV								
Par	t I-C Complete if the or	ganization is exempt unde	er section 501(	c) except section 501	.(c)(3).				
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	pt function activities 🕨	\$				
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to	other organizations	s for section 527 ▶-	\$				
3	Total exempt function expend	tures Add lines 1 and 2 Enter he	re and on Form 112	20-POL, line 17b ►	¢				
4	Did the filing organization file	Form 1120-POL for this year?			↑ — Yes				
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.								
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-				
F= ·· ·	Damamusaula Daulinaki ere Ark Mezi	he Instructions for Ferrina 200	000 57						
FOF F	aperwork keduction Act Notice, s	ee the Instructions for Form 990 or	99U-EZ. (	Cat No 50084S <b>Schedule C (I</b>	Form 990 or 990-EZ) 2010				

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply	_	
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

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

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots non-taxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

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

		(8	1)	(b)
		Yes	No	Amount
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
C	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		157,772
j	Total lines 1c through 1i			157,772
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ļ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

	answered "Yes".		
1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		

- a Current year
- **b** Carryover from last year
- c Total
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
GENERAL LOBBYING NARRATIVE		THE FOUNDATION PROVIDES FUNDING FOR GOVERNMENTAL RELATIONS AND LOBBYING EFFORTS ON BEHALF OF THE UNIVERSITY THE GOVERNMENT RELATIONS INCLUDE CULTIVATING, MAINTAINING, AND ENHANCING THE LINK BETWEEN UCF AND THE VARIOUS PUBLICS IT SERVES AND TO CREATE AND IMPLEMENT COMMUNITY-BASED PROGRAMS THIS IS TO INCREASE KNOWLEDGE AND UNDERSTANDING OF THE UNIVERSITY WITHIN KEY EXTERNAL COMMUNITIES

2a

2b

2c

3

4

5

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As Filed Data -

DLN: 93493136036742

OMB No 1545-0047

Open to Public Inspection

### **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.

Name of the organization **Employer identification number** UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC 59-6211832 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

Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year

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 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

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

Pur	pose(s) of conservation easements held by the organization (check	( all	that apply)
Γ	Preservation of land for public use (e g , recreation or pleasure)	$\sqcap$	Preservation of an historically importantly land area
굣	Protection of natural habitat	Γ	Preservation of a certified historic structure
Γ	Preservation of open space		

- 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
- Total number of conservation easements
- Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06
- Held at the End of the Year 2a 1 2b 25 0 2c 0 2d

3	Number of conservation	easements modified,	transferred,	released,	extinguished,	or terminated b	y the organization	during
	the taxable year ▶	0						

- Number of states where property subject to conservation easement is located  $ightharpoonup \underline{1}$
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 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 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

following amounts required to be reported under SFAS 116 relating to these items

- 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

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

- 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
- 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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

2ar	🚺 💵 Organizations Maintaining Co	<u>llections of Art,</u>	Hist	<u>torica</u>	<u>l Treas</u>	ures, or (	<u>Othe</u>	<u>r Similar As</u>	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e follow	ng that a	are a signific	ant u	ise of its collec	tion	
а	Public exhibition		d	ΓL	oan or ex	change prog	grams	5		
b	Scholarly research		e	$\Gamma$ 0	ther					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how	they fo	urther the	e organizatio	n's ex	xempt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	┌ Yes	┌ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					on answer	ed "Y	es" to Form '	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other as	sets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the fo	ollowi	ıng tabl	e			Δι	nount	
c	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 000 Bart V lina	212						┌ Yes	
	If "Yes," explain the arrangement in Part XIV		21,						i res	1 140
b Da	rt V Endowment Funds. Complete		ansı	wered	"Yes" to	Form 990	Pai	rt IV line 10		
I- 6	Endownent Fanas. Complete	(a)Current Year		Prior Yea		:)Two Years Ba		(d)Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	102,788,478		92,26	51,535	115,271	,254	Dack		
	Contributions	4,725,682			7,999	3,017	_			
c	Investment earnings or losses	23,420,200		11,46	51,317	-19,660	,744			
d	Grants or scholarships	173,029		7	2,140	953,	120			
e	Other expenditures for facilities	967,696		61	4,850	3,410,	961			
	and programs									
f	Administrative expenses	2,659,071			55,383	2,002,	_			
g	End of year balance	127,134,564		102,78	88,478	92,261,	,535			
2	Provide the estimated percentage of the yea		S							
а	Board designated or quasi-endowment 🕨	1 000 %								
b	Permanent endowment 🕨 99 000 %									
c	Term endowment ► 0 %									
3a	Are there endowment funds not in the posses	ssion of the organiza	tıon t	hat are	held and	administer	ed for	the		T
	organization by  (i) unrelated organizations							3a	(i) Yes	No No
	•							3a		No
ь	(ii) related organizations		on So	 chedule	 R? .					1
4	Describe in Part XIV the intended uses of th	· · · · · · · · · · · · · · · · · · ·								
Pa	rt VI Investments—Land, Buildings					Part X, line	10.			
	Description of investment			(a) Co	st or other nvestment)	(b)Cost or	other	(c) Accumulated depreciation	( <b>d)</b> B	ook value
1a	Land					47,64	0,384		1 .	47,640,384
b	Buildings					32,59	0,132	9,655,35	64	22,934,778
c	Leasehold improvements					7,24	5,122	4,020,59	13	3,224,529
d	Equipment					63	34,322	559,41	.0	74,912
е	Other					1,12	4,516	420,11	.0	704,406

74,579,009

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		od of valuation f-year market value
(1)Financial derivatives			,
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
(a) Bescription of investment type	(b) Book value	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	15.)		
Part X Other Liabilities. See Form 990, Part 3			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
ANNUITY PAYMENT LIABILITY	560,513		
COMPENSATED ABSENCES	420,220		
TENANT SECURITY & KEY DEPOSIT	23,365		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	1,004,098		

1611	XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,678,408
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,832,768
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,845,640
4	Net unrealized gains (losses) on investments	4	19,954,89
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	19,954,897
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	21,800,53
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	55,743,233
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	27,258,430
3	Subtract line <b>2e</b> from line <b>1</b>	3	28,484,80
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	193,60
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	28,678,408
<u>Part</u>		per Ret	
1	Total expenses and losses per audited financial statements	1	33,942,696
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	]	
e	Add lines 2a through 2d	2e	7,303,53
3	Subtract line <b>2e</b> from line <b>1</b>	3	26,639,163
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	]	
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	193,60
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	26,832,768

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
CONSERVATION EASEMENT		SCHEDULE D, PART II, LINE 9THE FOUNDATION HAS ONE CONSERVATION EASEMENT (50 FOOT CONSERVATION EASEMENT (50 FOOT CONSERVATIONEASEMENT FOR DRAINAGE ALONG THE EASTERLY BOUNDARY OF THE PROPERTY) WHICHWAS INCLUDED IN THE VALUE OF THE LAND ON THE FOUNDATION'S BALANCE SHEET ENDOWMENT FUND SCHEDULE D, PART V THE FOUNDATION AUTHORIZES SPENDING FROM ITS ENDOWMENT TO SUPPORT THE UNIVERSITY'S STUDENT SCHOLARSHIPS, ACADEMIC CHAIRS, PROFESSORSHIPS AND ACADEMIC PROGRAMS
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII, LINE 2D	AMOUNTS INCLUDED ON LINE 1, NOT ON 990 PART VIII LINE 12 TOTAL REVENUE THE FOUNDATION HAS \$7,178,709 IN RENT EXPENSES WHICH ARE NETTED AGAINST RENT REVENUE ON THE 990 BUT ARE INCLUDED IN EXPENSES IN THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS IN ADDITION, THE FOUNDATION HAS \$124,824 IN FUNDRAISING EVENT EXPENSES NETTED AGAINST FUNDRAISING EVENT REVENUE
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII, LINE 4B	AMOUNTS ON 990, PART VII LINE 12 TOTAL REVENUE NOT ON LINE 1 OF PART XII THE FOUNDATION HAS \$193,605 IN INVESTMENT FEES HOWEVER, THESE INVESTMENT FEES ARE NETTED AGAINST INVESTMENT REVENUE ON THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS
RECONCILIATION OF EXPENSE	SCHEDULE D, PART XIII, LINE 2D	AMOUNTS INCLUDED ON LINE 1, NOT ON 990 PART VIII LINE 12 TOTAL REVENUE THE FOUNDATION HAS \$7,178,709 IN RENT EXPENSES WHICH ARE NETTED AGAINST RENT REVENUE ON THE 990 BUT ARE INCLUDED IN EXPENSES IN THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS IN ADDITION THE FOUNDATION HAS \$124,824 IN FUNDRAISING EVENT EXPENSES NETTED AGAINST FUNDRAISING EVENT REVENUE
RECONCILIATION OF EXPENSE	SCHEDULE D, PART XIII, LINE 4B	AMOUNTS ON 990, PART VII LINE 12 TOTAL REVENUE NOT ON LINE 1 OF PART XII THE FOUNDATION HAS \$193,605 IN INVESTMENT FEES HOWEVER, THESE INVESTMENT FEES ARE NETTED AGAINST INVESTMENT REVENUE ON THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS

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UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC

As Filed Data -

DLN: 93493136036742

2010

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 

					59-6211832	
Pa	Tt I General Information "Yes" to Form 990, Pa			he United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the			ls to substantiate the	amount of the grants	 or
	assistance, the grantees' elig	_			_	
	the grants or assistance?					┌ Yes ┌ No
2	<b>For grantmakers.</b> Describe in Pa United States	rt V the organiz	atıon's proceduı	res for monitoring the us	e of grant funds outside tl	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed	)	_	
	(a) Region	( <b>b</b> ) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region/investments in region
	Central America and the Caribbean	0	0	Program Services	UCF PROGRAM SERVICE	21,500
32	Sub-total	0	0			21,500
	Total from continuation sheets to Part I					21,300
c	<b>Totals</b> (add lines 3a and 3b)	0	0			21,500

Part	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000									
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►		
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
			1				
			i				
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### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	্	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

#### **Additional Data**

Software ID: Software Version:

**EIN:** 59-6211832

Name: UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC

Schedule F (Form 990) 2010

Page **5** 

### Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136036742

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

lame of the organization INIVERSITY OF CENTRAL F	LORIDA FOUNDATIO	ON INC					tification number
						59-6211832	
Part I Fundraising A	<b>ctivities.</b> Complet	e if the o	rganızat	ion answered "Yes"	to Form	990, Part IV,	line 17.
<ul> <li>Indicate whether the org</li> <li>Mail solicitations</li> <li>Internet and e-mail s</li> <li>Phone solicitations</li> <li>In-person solicitation</li> <li>Did the organization have or key employees listed</li> <li>If "Yes," list the ten high to be compensated at lease</li> </ul>	solicitations ns e a written or oral agre in Form 990, Part VII est paid individuals oi	eement wit ) or entity r entities (	e f g th any ind in conne fundraise	Solicitation of nor Solicitation of gov Special fundraisin ividual (including officeration with professional fors) pursuant to agreement	n-governn vernment ig events rs, directo fundraisin ents unde	nent grants grants ors, trustees g services? r which the fun	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contrib Yes	er have dy or rol of	(iv) Gross receipts from activity	(or re fundra:	ount paid to tained by) ser listed in ol (i)	(vi) A mount paid to (or retained by) organization
IRECTLINES ECHNOLOGIES	PHONE SOLICITATN	1	No	0		20,000	0
ENTZ WHALEY FLESSNER	CONSULTANTS		No	0		86,230	0
otal			<b>.</b>	0		106,230	0
3 List all states in which the licensing	, MN, MS, MO, NJ, NN	M, NC, ND	, он, ок	, OR, PA, RI, SC, TN, V	A, WV, W	I	

			(a) Event #1  GOLF TOURNAMENT (event type)	(b) Event #2  FNDRSING EVT (event type)	(c) Other Events  17 (total number)	(d) Total Events (Add col (a) through col (c))
ξ	1	Gross receipts	100,130	334,372	104,320	538,822
Revenue	2	Less Charitable contributions	37,005	294,681	45,709	377,395
	3	Gross income (line 1 minus line 2)	63,125	39,691	58,611	161,427
	4	Cash prizes				
မှ	5	Non-cash prizes			3,618	3,618
Expenses	6	Rent/facility costs	33,100		7,756	40,856
Š Š	7	Food and beverages		1,343	21,452	22,795
DIG	8	Entertainment			500	500
ا ۃ	9	Other direct expenses .	1,491	25,918	29,645	57,054
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)		124,823
	11	Net income summary Combine li	nes 3 and 10 in column (d	1)	•	36,604
Par	: IIII	Gaming. Complete if the o \$15,000 on Form 990-EZ, li	rganızatıon answered " ne 6a.	'Yes" to Form 990, Pa	rt IV, line 19, or repo	
			(a) Bingo	(b) Pull tabs/Instant	( ) 011	4 D T + 1
Revenue				oingo/progressive bingo	(c) Other gamıng	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue			(c) Other gaming	(Add col (a) through
		Gross revenue			(c) Other gaming	(Add col (a) through
	2				(c) Other gaming	(Add col (a) through
Expenses	2	Cash prizes			(c) Other gaming	(Add col (a) through
Expenses	2 3 4	Cash prizes			(c) Other gaming	(Add col (a) through
Direct Expenses Reveilue	2 3 4 5	Cash prizes  Non-cash prizes  Rent/facility costs	Γ Yes		Yes%	(Add col (a) through
Expenses	2 3 4 5	Cash prizes	✓ Yes%_ No  s 2 through 5 in column (column (c	☐ Yes% ☐ No	Г Yes%_ Г No	(Add col (a) through
Expenses	2 3 4 5	Cash prizes	✓ Yes%_ No  s 2 through 5 in column (column (c	☐ Yes% ☐ No	Г Yes%_ Г No	(Add col (a) through
Expenses	2 3 4 5 6 7 8 Enter Is the	Cash prizes	Yes%  No  s 2 through 5 in column (continue lines 1 and 7 in column ation operates gaming act a gaming act a gaming activities in each	Yes	Г Yes	· Fyes No

11	Does the organization operate ga	aming activities with nonmembers?	· · · · · · · · · · · · · · · · · · ·	۷o				
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity					
	formed to administer charitable o	gamıng?		۷o				
13	Indicate the percentage of gamin	ng activity operated in						
а	The organization's facility		13a					
b	An outside facility		13b					
14	Provide the name and address of records	the person who prepares the organiz	ation's gaming/special events books and					
	Name 🟲							
	Address •							
15a	Does the organization have a co	ntract with a third party from whom the	e organization receives gaming					
	revenue?			No				
b	If "Yes," enter the amount of gar	ning revenue received by the organiza	ation 🟲 \$ and the					
	amount of gaming revenue retain	ned by the third party 🟲 \$						
C	If "Yes," enter name and addres:	5						
	Name 🟲							
	Address ►							
16	Gaming manager information							
	Name 🏲							
	Gaming manager compensation I	<b>\$</b>						
	Description of services provided	•						
	Description of services provided	<u></u>						
	Director/officer	<b>F</b> Employee	☐ Independent contractor					
17	Mandatory distributions	. ,	•					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license?							
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent							
	in the organization's own exempt activities during the tax year 🕨 💲							
Pai		provide additional information for	responses to question on Schedule G (see					
$\overline{}$	instructions.)			<u>—</u> 1				
	Identifier	ReturnReference	Explanation					
	HEDULE G, PART I, LINE 2B - DSS RECEIPTS REPORTING		THE FOUNDATION USED THE FOLLOWNG FUNDRAISERS FOR THE CURRENT TAX YEAR DIRECTLINES TECHNOLOGIES AND BENZ WHALEY DIRECTLINES GROWN RECEIPTS GENERATED WILL BE ESTIMATED AT 40K FOR 2011-2012 FOR BENZ WHALEY THERE WILL BE NO GROWN RECEIPTS GENERATED FROM THIS VENDOR SINCE THE VENDOR IS PROVIDING RESEARCH SUPPORT AND CONSULTING SERVICES TO THE FOUNDATION'S	SS R SS				
			DEVELOPMENT OFFICE REGARDING SOLICITATION STRATEGIES					

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

ed States 2010

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public Inspection

DLN: 93493136036742

OMB No 1545-0047

Name of the organization						Employer identi	ification number
UNIVERSITY OF CENTRAL FLO	ORIDA FOUNDATIO	NINC				59-6211832	
Part I General Inform	nation on Grants	and Assistance				<b>l</b>	
<ol> <li>Does the organization mainst the selection criteria used</li> <li>Describe in Part IV the organization</li> </ol>	to award the grants of	orassistance?					
Form 990, Part IV		Governments and recipient that received ded	d more than \$5,000.		o one recipient rec	eived more than \$5,	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CENTRAL FLORIDA4000 CENTRAL FLORIDA BLVD ORLANDO, FL 32816	59-2924021	501(C)(3)	5,214,365				FUNDING FOR PROGRAMS AND SCHOLARSHIPS
(2) UCF GOLDEN KNIGHTS CORPORATION INCPO BOX 163555 ORLANDO, FL 32826	59-2334448	501(C)(3)	2,164,348				ATHLETIC STADIUM SUPPORT
(3) UCF CONVOCATION CORPORATION INC4000 CENTRAL FLORIDA BLVD ORLANDO, FL 32816	16-1733312	501(C)(3)	479,939				CONVOCATION CENTER SUPPORT
(4) UCF ATHLETIC ASSOCIATION INCPO BOX 163555 ORLANDO, FL 32826	59-2334448	501(C)(3)	2,085,396				ATHLETIC SCHOLARSHIP & PROGRAM SUPPORT
(5) UNIVERSITY CENTRAL FLORIDA RESEARCH FNDTN12201 RESEARCH PARKWAY ORLANDO, FL 32826	59-3086453	501(C)(3)	134,311				RESEARCH ACTIVITY SUPPORT
(6) FLORIDA HOSPITAL 601 EAST ROLLINS STREET ORLANDO, FL 32803	59-0724459	501(C)(3)	28,341				MEDICAL RESEARCH SUPPORT
(7) UCF FINANCE CORPORATION4000 CENTRAL FLORIDA BLVD ORLANDO, FL 32816	20-8919971	501(C)(3)	1,584,078				CONSTRUCTION SUPPORT

Enter total number of section 501(c)(3) and government organizations .

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) BOOKS FOR STUDENTS	1181		9,158	PURCHS PRICE	BOOKS FOR STUDENTS
(2) EDUCATIONAL EQUIPMENT AND SUPPLIES FOR STUDENTS	629		59,207	PURCHS PRICE	EDC/EQUIP SUPPLIES
(3) TRAVEL & REGISTRATION PAYMENTS FOR VARIOUS STDNTS	121		40,934	PURCHS PRICE	TRAVEL/REGISTRATION
(4) TICKETS, CLOTHES, MEALS AND MISC FOR STUDENTS	397		7,894	PURCHS PRICE	TICKETS/CLOTHES/MEAL

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	·	THE FOUNDATION MAINTAINS THE APPROVED EXPENDITURE REQUEST WHICH SUBSTANTIATE THE GRANT AMOUNTS PROVIDED TO THE RECIPIENTS THE FOUNDATION MAINTAINS DONOR INFORMATION, RELATED CONTRIBUTION DOCUMENTATION, AND ANY DONOR RESTRICTIONS OUTLINED BY THE DONOR INCLUDING SCHOLARSHIP CRITERIA THE GRANTS ARE MADE TO THE UNIVERSITY OR UNIVERSITY AFFILIATED ENTITIES AND THE FOUNDATION RELIES ON THE POLICIES, PROCEDURES, AND CONTROLS ESTABLISHED BY THESE ENTITIES FOR EXPENDITURE TRACKING AND PROPER ADMINISTRATION OF THE GRANTS FOR SCHOLARSHIP AWARDS

DLN: 93493136036742

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

UNI	VERSITY OF CENTRAL FLORIDA FOUNDATION INC			
	59-6211832			
Pa	rt I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	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			
2	reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b	Yes	
2	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
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			
	☐ 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			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Νo
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			
а	The organization?	5a		Νo
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			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	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	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
٥	If "Vac" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	1	I	1

section 53 4958-6(c)?

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

For each individual whose compensation must be reported 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 a		(D) Dunnladous of	N/ 2 / 1000 MT	CC	(C) Datumamant - :	(D) Nambayaki-	(E) Tatal of column	(F) Components:::
(A) Name		(i) Base (ii) Bonus & Incentive compensation		C compensation  (iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(1) ROBERT J HOLMES JR	(ı) (ıı)	222,009	29,840 0	14,128 0	23,604 0	14,338 0	303,919 0	(
(2) GEORGE A YEARWOOD	(ı) (ıı)	133,651 0	1,500 0	1,712 0	18,948 0	16,836 0	172,647 0	(
(3) JOYCE HENCKLER	(ı) (ıı)	142,330 0	1,500 0	11,481 0	15,114 0	12,174 0	182,599 0	(
(4) THOMAS MESSINA	(ı) (ıı)	133,210 0	1,500 0	8,128 0	14,127 0	12,155 0	169,120 0	(
(5) JAMES STEWART	(ı) (ıı)	127,657 0	1,500 0	2,324	13,831 0	12,150 0	157,462 0	(
(6) KIM MINANA	(ı) (ıı)	125,057 0	0	10,411	13,451 0	13,380	162,299 0	(
(7)								
(8)					,			
(9)								
(10)								
(11)								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								
		<del></del>						de 1 (Ferme 000) 2010

### 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
	PART I	1) SUPPLEMENTAL COMPENSATION INFORMATION - FIRST CLASS TRAVEL PROVIDED TO THE PRESIDENT OF THE UNIVERSITY FOR HEALTH REASONS AND TO ACCOMMODATE PREPARATION FOR MEETINGS CHARTER FLIGHTS ARE PROVIDED FOR THE PRESIDENT AND OTHER EXECUTIVE LEADERSHIP TO TRAVEL TOGETHER AND SUFFICIENTLY PREPARE EN ROUTE TO MEETINGS 2) FOR VARIOUS UNIVERSITY EMPLOYEES, THE FOUNDATION MADE SUPPLEMENT PAYMENTS TO WHICH INCLUDED GROSSED-UP AMOUNTS FOR TAX PURPOSES THE TOTAL GROSSED-UP AMOUNTS WERE INCLUDED IN THE EMPLOYEES' REPORTABLE TAXABLE COMPENSATION 3) FOR SOCIAL CLUB DUES OR INITIATION FEES THE FOUNDATION PROVIDES CERTAIN SOCIAL CLUB MEMBERSHIPS FOR FUNDRAISING, DONOR CULTIVATION, OR OTHER BUSINESS PURPOSES THE PERSONAL PORTION OF THE MEMBERSHIPS IS INCLUDED IN THE INDIVIDUALS' TAXABLE COMPENSATION 4) ALL THE EMPLOYEES LISTED IN SCHEDULE J ARE EMPLOYEES OF THE UNIVERSITY OF CENTRAL FLORIDA WHICH HAS BEEN DETERMINED TO BE AN UNRELATED ORGANIZATION 5) DURING THE FISCAL YEAR, THE FOUNDATION PAID \$414,923 TO THE UNIVERSITY RELATED TO COMPENSATION FOR DR JOHN HITT, UCF PRESIDENT IN ADDITION, THE FOUNDATION PAID FOR OTHER BENEFITS SUCH AS MEMBERSHIPS AND AN AUTOMOBILE LEASE WHICH WERE REPORTED TO UCF PAYROLL SCHEDULE J, PART I, LINE 7 THE FOUNDATION PAYS CERTAIN EXECUTIVES BONUSES DETERMINED BASED ON PERFORMANCE GOALS RELATED TO QUALITY OF EDUCATION, INSTITUTIONAL GROWTH, AND FUNDRAISING
	,	ALL THE EMPLOYEES LISTED IN SCHEDULE JARE EMPLOYEES OF THE UNIVERSITY OF CENTRAL FLORIDA WHICH HAS BEEN DETERMINED TO BE AN UNRELATED ORGANIZATION FOR PURPOSES OF 990 REPORTING

Schedule J (Form 990) 2010

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

2010

DLN: 93493136036742

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC

Employer identification number

59-6211832

								5	9-621	1832							
Pa	art I Bond Issues																
	(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	<b>(e)</b> Issue Pr	псе	<b>(f)</b> De	(f) Description of Purpose		Description of Purpose		<b>(g)</b> Def	eased	Beh	On alf of suer		Pool ncing
										Yes	No	Yes	No	Yes	No		
A	University of Central Florida Foundation Inc	59-6211832		12-30-2008	10,400	111111	008 RE OTE	EFN 2004	MORTGAGE		Х		X		x		
В	University of Central Florida Foundation Inc	59-6211832		12-17-2009	12,540	$\alpha \alpha \alpha =$		EFN ORAN PMT ATH	GE CTY		Х		Х		х		
-	WITT Dungando																
Pa	rt III Proceeds					\			3		С		1				
1	A mount of bonds retired					605,0	000		200,000								
2	Amount of bonds legally defe	ased					0		0								
3	Total proceeds of issue					10,400,000 12,540,000											
4	Gross proceeds in reserve fu	nds				0 0		0	)								
5	Capitalized interest from prod	ceeds				0 0											
6	Proceeds in refunding escrow	ı					0 0		0								
7	Issuance costs from proceed	ls				0 106,326		106,326									
8	Credit enhancement from pro	ceeds					0		0								
9	Working capital expenditures	from proceeds					0		0								
10	Capital expenditures from pro	oceeds					0		0								
11	O ther spent proceeds						0		0								
12	Other unspent proceeds						0		0								
13	Year of substantial completion	on			20	08		20	09		_						
					Yes	No		Yes	No	Yes		No	Yes		No		
14	Were the bonds issued as pa				Х			Х									
15	Were the bonds issued as pa	rt of an advance refu	ındıng ıssue?			Х			Х								
16	Has the final allocation of pro	ceeds been made?			Х			X									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				×			Х									
Pa	rt IIII Private Business	Use				<u> </u>			, 1								
					Yes	No		Yes	No No	Yes		No	Yes	<u>D</u>	No		
					163	140		163	140	1 63		110	1 63	+	110		

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Χ

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	111vate basiness ose (continued)								
		Į.	4		В	•	O	ı	)
		Yes	No	Yes	No	Yes	No	Yes	No
la	Are there any management or service contracts that may result in private business use?		Х		×				
b	Are there any research agreements that may result in private business use of bond-financed property?	Х		Х					
С	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 x							
ŀ	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	0 %		0 %					
;	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	2 600 %		2 600 %		4 960 %			
•	Total of lines 4 and 5	2 600 %		00 % 4 9					
,	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X X		Х					

Pai	rt IV Arbitrage									
		Α	1	В	3	c		D		
		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		X					
2	Is the bond issue a variable rate issue?		Х		X					
За	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		×					
			^		^					
b	Name of provider									
c	Term of hedge									
d	Was the hedge superintegrated?		х		х					
e	Was a hedge terminated?		Х		х					
4a	Were gross proceeds invested in a GIC?		Х		Х					
b	Name of provider		•				•			
С	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?		х		х					
6	Did the bond issue qualify for an exception to rebate?		Х		×					

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
· ·		Refund of prior issue 2004A and 20004B Series Notes Issue price was \$10,400,000 00 for the University Tower and The Bio-Molecular Research Annex Building The two office buildings were acquired for use by the University of Central Florida
—	, , , , , , , , , , , , , , , , , , ,	Refund of prior issue The Foundation had bonds for the following buildings 1996 A Research Pavilion, partial bond funding on 2000 A Orlando Tech Center The buildings were purchased for use by the University of Central Florida

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As Filed Data -

DLN: 93493136036742

Employer identification number

#### Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2010

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UNIVERS	ITY OF CENTRAL FLORIDA FOUND	ATION IN	IC					5	9-62118	3.2		
Part I								organı	zations c	nly).	ine 40h	
1	(a) Name of disqu			res diredi	rm 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, li  (b) Description of transaction							(c) ected?
						. ,	·				Yes	No
<b>2</b> Eni	ter the amount of tax impos	ed on ti	ne organ	nization man	agers or	disqualified ners	one du	ring the v	vear under			
sec	tion 4958								•	\$ —		
<b>3</b> Ent	er the amount of tax, if any	, on line	2, abo	ve, reimburs	ed by th	e organization .			•	\$ <u> </u>		
Part I	Loans to and/or F Complete if the organiz					) Part IV line 26	or For	m 990-F	7 Part V	line 38	а	
	complete if the organiz		oan to	1 103 0111	01111 3 3 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(f)			
(a) Nam	ne of interested person and purpose	or fro	m the zation?	(c)Orig principal a		(d)Balance due	(e) defa		A pprov	d or	(g)Writt agreeme	
	purpose	To	From	principal c	announc		Yes	No	committ Yes	ee?	Yes	No
								-				
Total .					<b>▶</b> \$			<b>'</b>				
Part II	Grants or Assistar Complete if the orga						/ line	27				
(				<b>)</b> Relationsh	np betwe	een interested per ganization			nount of gr	ant or ty	pe of assis	tance
						<u>-</u>						

#### **Part IV** Business Transactions Involving Interested Persons.

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

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) DR JOHN HITT	EX-OFFICIO DIR OF UCFF	435,051	SNTRST ORLANDO SEE SCH L, PT V		No
(2) LARRY TOBIN	DIRECTOR OF UCFF	202,707	LOAN PAYMENT SEE SCH L, PT V		No

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
TRANSACTIONS WITH INTERESTED PERSON - DR JOHN HITT - SCHEDULE L, PART IV		Dr Hitt is a Director of SunTrust, Central Florida The UCF Foundation previously obtained several real estate loans from SunTrust Banks and made principal and interest payments during the current year to SunTrust Banks for these loans In addition, the UCF Foundation has made payments to Suntrust Banks for custodial services related to the Foundation's investments
TRANSACTIONS WITH INTERESTED PERSON - LARRY TOBIN - SCHEDULE L, PART IV		Mr Tobin is President and CEO of Fairwinds Credit Union The Foundation obtained a line of credit from Fairwinds Credit Union in 2004. A competitive request for proposals was issued to bank and credit institutions for the construction of the Alumni Center, with Fairwinds providing the most favorable terms. Subsequent to this transaction, during 2009, Mr. Tobin became a member of the Foundation's Board of Directors. The transaction amount relates to payments of principal and interest related to the bank loan originally obtained for the construction.

Schedule L (Form 990 or 990-EZ) 2010

DLN: 93493136036742

OMB No 1545-0047

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#### **SCHEDULE M** (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Internal Revenue Service Name of the organization **Employer identification number** UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC

59-6211832 Part I Types of Property (a) (b) (c) (d) Check if Number of Contributions or items Noncash contribution amounts Method of determining oncash contribution applicable contributed reported on Form 990, Part VIII, line 1g 1 Art—Works of art . . 2 Art—Historical treasures Art—Fractional interests Books and publications 5 Clothing and household goods . . . . . . . 6 Cars and other vehicles . Boats and planes . . . Intellectual property . . Securities—Publicly traded Χ 10 99,079 COST / SELLING PRICE 10 Securities—Closely held stock . . . . . 11 Securities—Partnership, LLC, or trust interests . 12 Securities—Miscellaneous Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . . Real estate—Residential . 16 Real estate—Commercial Real estate—Other . . 18 Collectibles . . . **19** Food inventory . . . . 20 Drugs and medical supplies **21** Taxidermy . . . . 22 Historical artifacts . . 32 0 23 Scientific specimens . . Χ 24 Archeological artifacts . Other►(<u>EQUIPMENT</u>) Χ 15 olo 25 Other►(SUPPLIES\_\_) Χ 24 0 0 26 Other►(\_ 27 28 Other ► (\_ Number of Forms 8283 received by the organization during the tax year for contributions 29 1 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . Yes 32a b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
IN-KIND CONTRIBUTION REPORTINGS	25 & 26	THE FOUNDATION RECEIVED SEVERAL DONOR GIFT IN KIND CONTRIBUTIONS DURING THE YEAR INCLUDING SEVERAL PIECES OF SCULPTURE AND ART WORK THESE GIFTS IN KIND PASSED THROUGH THE FOUNDATION TO THE UNIVERSITY AND ARE NOT INCLUDED IN THE FOUNDATION SERVES ONLY AS AN AGENT FOR THE UNIVERSITY
USE OF THIRD PARTY TO SELL NONCASH CONTRIBUTIONS		THE FOUNDATION INSTRUCTS SUNTRUST, AS CUSTODIAN OF ITS INVESTMENTS, TO SELL ANY STOCK GIFTS RECEIVED BY THE FOUNDATION STOCKS ARE VALUED WHEN RECEIVED FROM THE DONOR AS THE AVERAGE OF THE HIGH AND LOW MARKET PRICE ON THE DAY OF RECEIPT

Schedule M (Form 990) 2010

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DLN: 93493136036742

OMB No 1545-0047

2010

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## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC **Employer identification number** 

59-6211832

ldentifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4d	OTHER PROGRAM SUPPORT FOR THE UNIVERSITY INCLUDE. THE ALUMNI PROGRAM ENHANCES THE LIVES OF UCF ALUMNI, PARENTS, STUDENTS AND FRIENDS AND CONNECTS THEM BY FOSTERING MUTUALLY BENEFICIAL RELATIONSHIPS. THE ALUMNI PROGRAM PROVIDES MEANINGFUL SERVICES AND ENGAGING PROGRAMS THAT INFORM, EDUCATE AND INSPIRE. GENERAL UNIVERSITY SUPPORT PROVIDES SUPPORT OF THE UNIVERSITY OF CENTRAL FLORIDA DEPARTMENTS AND AREAS. RESEARCH EXPENSES PROVIDE SUPPORT OF THE UNIVERSITY OF CENTRAL FLORIDA RESEARCH PROGRAMS. RESEARCH IS CONDUCTED ON AN INDIVIDUAL COLLABORATIVE BASIS BY FACULTY WHOSE FOCUS IS ON THEIR PARTICULAR AREAS. OF ACADEMIC DISCIPLINE. UCF HAS NUMEROUS NATIONALLY AND INTERNATIONALLY RECOGNIZED RESEARCH INSTITUTES DEVOTED TO INNOVATIVE RESEARCH AND DEVELOPMENT.

ldentifier	Return Reference	Explanation
DESCRIPTION OF RELATIONSHIPS	FORM 990, PART VI, LINE 2	THE FOLLOWING BOARD OF DIRECTORS HAVE BUSINESS RELATIONSHIPS RANDY BERRIDGE HAS A BUSINESS RELATIONSHIP WITH DR JOHN HITT

ldentifier	Return Reference	Explanation
DESCRIPTION OF SIGNIFICANT CHANGES TO ORGANIZING OR ENABLING DOCUMENT	FORM 990, PART VI, LINE 4	THE FOUNDATION UPDATED ITS BY LAWS DURING THE FISCAL YEAR WHICH WERE APPROVED BY THE BOARD OF DIRECTORS ON MARCH 2, 2011 MAJOR MODIFICATIONS WERE MADE AS FOLLOWS 1 CHAIR OF THE UCF BOARD OF TRUSTEES IS A VOTING MEMBER 2 THE PRESIDENT OF THE UNIVERSITY IS A VOTING MEMBER 3 ONE HALF OF ALL ELECTED DIRECTORS MUST BE IN ATTENDANCE AT ANY MEETING TO CONSTITUTE A QUORUM, AND ONCE A QUORUM HAS BEEN ESTABLISHED, THE ACT OF A MAJORITY OF THE ELECTED DIRECTORS AND VOTING EX-OFFICIO DIRECTORS PRESENT AT A MEETING AT WHICH A QUORUM IS PRESENT WILL BE THE ACT OF THE BOARD 4 THE CHIEF OPERATING OFFICER (COO) OF THE FOUNDATION, AN EX-OFFICIO OFFICER, WILL BE THE ASSOCIATE PRESIDENT ADVANCEMENT/ALUMNI AFFAIRS

ldentifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, LINE 11B	THE FOLLOWING IS THE REVIEW AND DISTRIBUTION PROCESS FOR THE FOUNDATION'S ANNUAL FORM 990 THIS PROCESS SHALL BE FOLLOWED EACH YEAR PRIOR TO FILING THESE DOCUMENTS WITH THE IRS 1 THE CFO AND CEO SHALL REVIEW BOTH THE FORM 990 AND THE FORM 990-T AND RESOLVE ANY OUTSTANDING ISSUES OR QUESTIONS WITH THE INDEPENDENT ACCOUNTING FIRM REVIEWING OR PREPARING THE FORMS BEFORE DISTRIBUTION TO THE AUDIT COMMITTEE OR THE BOARD IT IS THE CFO'S AND CEO'S RESPONSIBILITY TO CONFIRM THAT THESE FORMS DO NOT CONTAIN ANY UNTRUE STATEMENTS OR OMIT ANY MATERIAL FACTS AS WELL AS ENSURE THE FINANCIAL INFORMATION FAIRLY REPRESENTS THE FOUNDATION'S FINANCIAL CONDITION FOR THE PERIOD BEING REPORTED 2 THE AUDIT COMMITTEE SHALL REVIEW THE DRAFT FORM 990 PRIOR TO FILING WITH THE IRS AND SHALL DOCUMENT THEIR DISCUSSION AND REVIEW OF THE DOCUMENTS IN THE COMMITTEE MEETING MINUTES FINAL REVIEW OF THE FORM 990 IS SPECIFICALLY DELEGATED TO THE AUDIT COMMITTEE AND NO FURTHER REVIEW SHALL BE REQUIRED BEFORE SUCH FORMS ARE FILED WITH THE IRS 3 THE DRAFT FORM 990 SHALL BE REQUIRED BEFORE SUCH FORMS ARE FILED WITH THE IRS 3 THE DRAFT FORM 990 SHALL BE REQUIRED BEFORE SUCH FORMS ARE FILED WITH THE IRS 3 THE DRAFT FORM 990 SHALL BE REQUIRED BEFORE SUCH FORMS ARE FILED WITH THE IRS 3 THE DRAFT FORM 990 SHALL BE REQUIRED BEFORE SUCH FORMS OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS DISTRIBUTION MAY BE IN THE FORM OF ELECTRONIC MAIL, NOTIFICATION LINK TO AN ELECTRONIC WEBSITE, OR ACTUAL MAILING OF THE DOCUMENT

ldentifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, LINE 12c	ALL DIRECTORS, OFFICERS, COMMITTEE MEMBERS AND KEY EMPLOYEES SHALL BE REQUESTED TO COMPLETE AN ANNUAL DISCLOSURE FORM THIS ANNUAL DISCLOSURE FORM WILL REQUEST SPECIFIC INFORMATION REGARDING THE TERMS OF ANY CONTRACT OR TRANSACTION WITH THE FOUNDATION AND WHETHER PROCESS FOR APPROVAL SET FORTH IN THIS POLICY WAS USED AN INTERESTED PERSON WHO HAS OR LEARNS ABOUT A POTENTIAL CONFLICT SHOULD DISCLOSE PROMPTLY TO THE CHAIR OF THE BOARD DUE DILIGENCE COMMITTEE AND THE FOUNDATIONS OF THE MATERIAL FACTS SURROUNDING ANY POTENTIAL CONFLICT OF INTEREST, INCLUDING SPECIFIC INFORMATION CONCERNING THE TERMS OF ANY CONTRACT OR TRANSACTION WITH THE FOUNDATION ALL EFFORTS SHOULD BE MADE TO DISCLOSE ANY SUCH CONTRACT OR TRANSACTION WITH THE FOUNDATION AND HAVE IT APPROVED BY THE COMMITTEE BEFORE THE ARRANGEMENT IS ENTERED INTO FOLLOWING RECEIPT OF INFORMATION CONCERNING A CONTRACT OR TRANSACTION INVOLVING A POTENTIAL CONFILETOF INTEREST, THE BOARD DUE DILIGENCE COMMITTEE SHALL CONSIDER THE MATERIAL FACTS CONCERNING THE PROPOSED CONTRACT OR TRANSACTION, INCLUDING THE PROCESS BY WHICH THE DECISION WAS MADE TO RECOMMEND ENTERING INTO THE ARRANGEMENT ON THE TERMS REPOSED THE COMMITTEE SHALL APPROVE ONLY THOSE CONTRACTS OR TRANSACTIONS IN WHICH THE TERMS ARE FAIR AND REASONABLE TO THE FOUNDATION AND THE ARRANGEMENT IS CONSISTENT WITH THE BEST INTEREST OF THE FOUNDATION FAIRNESS INCLUDES, BUT IS NOT LIMITED TO, THE CONCEPTS THAT THE FOUNDATION FAIRNESS INCLUDES, BUT IS NOT LIMITED TO, THE CONCEPTS THAT THE FOUNDATION FAIRNESS INCLUDES, BUT IS NOT LIMITED TO, THE CONCEPTS THAT THE CONSIDERATION FOR ANY GOODS OR SERVICES WHICH THE FOUNDATION FOR ANY GOODS OR SERVICES THAT IT FURNISHES OTHERS WHEN AN INTEREST DEPRSON BECOMES AWARE OF A PROPOSED CONFLICT OR INTEREST TRANSACTION, HE OR SHE WILL HAVE A DUTY TO TAKE THE FOUNDATIONS COID, (E) REFERSIN FROM USING HIS OR HER PERSONAL INFLEREST TRANSACTION TO THE CHAIR OF THE DUE DILIGENCE COMMITTEE AND TO THE FOUNDATIONS COIL. OF INTEREST TRANSACTION ON THE TERSON AND THAT THE FOUNDATION OR GRE

ldentifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, LINE 15a & 15b	THE UNIVERSITY HUMAN RESOURCES DEPARTMENT REVIEWS COMPARABLE SALARY DATA MARKET DATA FROM SALARY SURVEY SOURCES IS USED TO ASSIGN AN ACCURATE VALUE TO THE POSITION IN THE EXTERNAL LABOR MARKET SURVEY MATCHES ARE BASED ON THE PRIMARY JOB DUTIES OF THE POSITION THE SURVEY DATA PROVIDES SALARY AND DEMOGRAPHIC DATA FOR SELECTED POSITIONS NATION-WIDE AND IS REPORTED IN A STATISTICAL FORMAT INDICATING THE AVERAGE AND MEDIAN SALARIES AND ADDITIONAL PERCENTILES (I E 25TH 75TH) THE UNIVERSITY HR DEPARTMENT REVIEWS COMPARABLE SURVEY DATA WHEN AN EMPLOYEE IS HIRED OR PROMOTED

ldentifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, LINE 19	THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, 990 TAX DOCUMENTS, AND FINANCIAL STATEMENTS ARE PUBLISHED ON THE FOUNDATION'S WEBSITE OR MAY BE ACCESSED THROUGH THE POLICY IQ SOFTWARE, WHICH CAN ALSO BE ACCESSED FROM THE FOUNDATION'S WEBSITE THE ABOVE ITEMS ARE ALSO AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS \$19,954,897

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DLN: 93493136036742

2010

OMB No 1545-0047

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Schedule R (Form 990) 2010

**Employer identification number** 

59-6211832

# **SCHEDULE R** (Form 990)

Name of the organization

UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC

# **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.

Department of the Treasury Internal Revenue Service

Part I Identification of Disregarded Entities (Complet	e if the organization	on answered "Yes	" on Form 990, P	art IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (sta or foreign country		(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
(1) UNIV CENTRAL FLORIDA REAL ESTATE FND LLC 12424 RESEARCH PKWY STE 140 ORLANDO, FL 32826 59-6211832	REAL ESTATE	FL		0 28,701,40	<sub>13</sub> NA		
(2) KNIGHTS KROSSING STUDENT HOUSING LLC 12424 RESEARCH PKWY STE 140 ORLANDO, FL 32826 59-6211832	PKWY STE 140			0 9,733,00	na NA		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		ıf the organızatıo	n answered "Yes'	on Form 990, Part	IV, line 34 becau	ıse ıt had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity		<b>g)</b> i12(b)(13 rolled nization
						Yes	No

Cat No 50135Y

Part III Identifi because	ication of Relat it had one or mo	ed Organie	anizations Taxa ted organizations t	<b>ble as a Partner</b> reated as a partne	<b>ship</b> (Co ership du	mplete if ring the t	the org ax year	ganızatıon ( r.)	answe	ered "\	es" on Fo	rm 990,	Part	IV, lır	ne 34
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of t	<b>(f)</b> total income		(g) re of end-of-year assets		i) ortionate tions?	(i) Code V- amount in b Schedule (Form 10	ox 20 of K-1	<b>(j</b> Genei mana parti	ral or aging	<b>(k)</b> Percentage ownership
									Yes	No			Yes	No	
Part IV Identifi	i <b>cation of Relat</b> because it had on	ed Orga e or mo	anizations Taxa ore related organiz	ble as a Corpora ations treated as a	tion or a corpora	Trust (Continue of the continue of the continu	I omplete ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "\	es" on	<u>I</u> Form	990,	Part IV,
Name, address, an	<b>(a)</b> d EIN of related organız	ration	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		<b>(d</b> Direct cor enti	ntrolling	(e) Type of el (C corp, S or trust	corp,	Share o	<b>(f)</b> f total income	Sha end-o	<b>j)</b> re of f-year sets		<b>(h)</b> Percentage ownership

(6)

Pa	Transactions With Related Organizations (Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No			
<b>1</b> D	During the tax year, did the orgranization engage in any of the following transactions with one or more related orga	nızatıons lısted ın Part	s II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a					
b	Gift, grant, or capital contribution to other organization(s)			1b					
c	Gift, grant, or capital contribution from other organization(s)			1c					
d	d Loans or loan guarantees to or for other organization(s)								
е	Loans or loan guarantees by other organization(s)			1e					
f	Sale of assets to other organization(s)			1f					
g	Purchase of assets from other organization(s)			<b>1</b> g					
h	Exchange of assets			1h					
i	Lease of facilities, equipment, or other assets to other organization(s)			<b>1</b> i					
j	Lease of facilities, equipment, or other assets from other organization(s)			<b>1</b> j					
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k					
ı	I Performance of services or membership or fundraising solicitations by other organization(s)								
m	m Sharing of facilities, equipment, mailing lists, or other assets								
n	n Sharing of paid employees								
0	Reimbursement paid to other organization for expenses			10					
р	Reimbursement paid by other organization for expenses			1p					
q	Other transfer of cash or property to other organization(s)			<b>1</b> q					
r	O ther transfer of cash or property from other organization(s)			1r					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	ion thresholds					
	(a)	(b)	(c)	(d)					
	Name of other organization	Transaction type(a-r)	Amount involved	Method of determing involved		ount			
(1)									
(2)									
(3)									
(4)									
(4)									
(5)									
(-)		1		1					

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners :ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Forn 1065)	mana part	(h) neral or naging artner?	
			Yes	No		Yes	No		Yes	No	
			+						+	-	
			-				$\vdash$		+	╁	
			1						+	-	
										+	
										┢	
			+								
			<u> </u>								

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

# Software ID: Software Version:

**EIN:** 59-6211832

Name: UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC

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

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours	Posi t	tion (	(che	<u>')</u>			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
		Tr.	e l			ted					
ANTHONY CONNELLY DIRECTOR	1 0	Х						0	0	0	
JAMES A JAHNA SR DIRECTOR	1 0	Х						0	0	0	
NELSON J MARCHIOLI DIRECTOR	1 0	Х						0	0	0	
MARGERY L PABST DIRECTOR	1 0	х						0	0	0	
JOHN R SPROULS DIRECTOR	1 0	Х						0	0	0	
MARK CALABRESE DIRECTOR	1 0	х						0	0	0	
MARCOS MARCHENA DIRECTOR/VICE CHAIR	1 0	Х		х				0	0	0	
LARRY TOBIN DIRECTOR/SECRETARY	1 0	Х		х				0	0	0	
RITA ADLER DIRECTOR	1 0	Х						0	0	0	
MELANIE FERNANDEZ DIRECTOR/TREASURER	1 0	Х		х				0	0	0	
JAMES FERRELL DIRECTOR/CO VICE CHAIR	1 0	Х		х				0	0	0	
GEORGE GLANCE DIRECTOR	1 0	×						0	0	0	
SURESH GUPTA DIRECTOR	1 0	Х						0	0	0	
ANTHONY NICHOLSON DIRECTOR	1 0	Х						0	0	0	
HAROLD MILLS DIRECTOR	1 0	Х						0	0	0	
MANHAR R RAMA DIRECTOR	1 0	Х						0	0	0	
KEVIN BARKMAN DIRECTOR	1 0	Х						0	0	0	
BEAT KAHLI DIRECTOR	1 0	х						0	0	0	
JIM ATCHISON DIRECTOR	1 0	Х						0	0	0	
LARRY CHASTANG DIRECTOR	1 0	Х						0	0	0	
CAROL CRAIG DIRECTOR	1 0	Х						0	0	0	
GERALD RUTBERG DIRECTOR	1 0	Х						0	0	0	
KENNETH BRADLEY DIRECTOR	1 0	Х						0	0	0	
JOANNE PUGLISI DIRECTOR	1 0	Х						0	0	0	
MICHAEL MANGLARDI DIRECTOR/CHAIR	1 0	Х		х				0	0	0	

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

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	tion (	che	′)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	individual trustee or director	Institutional Truste	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
		rī.	o			ded					
MICHAEL J GRINDSTAFF DIRECTOR/IMMEDIATE PAST CHAIR	1 0	Х		x				0	0	0	
JEANETTE GOULD DIRECTOR	1 0	Х						0	0	0	
RITA LOWNDES DIRECTOR	1 0	Х						0	0	0	
JORGE LOPEZ DIRECTOR	1 0	Х						0	0	0	
SCOTT BUESCHER DIRECTOR	1 0	Х						0	0	0	
NAN MCCORMICK DIRECTOR	1 0	Х						0	0	0	
RICHARD WALSH EX-OFFICIO DIRECTOR	1 0	Х						0	0	0	
DR JOHN C HITT EX-OFFICIO DRCTR/PRES OF UCF	1 0	Х						0	0	0	
BLAINE SWEATT DIRECTOR (7/1/10 - 4/25/11)	1 0	Х						0	0	0	
CARI COATS DIRECTOR (7/1/10 - 6/30/11)	1 0	Х						0	0	0	
DALE BENNETT DIRECTOR (7/1/10 - 6/30/11)	1 0	Х						0	0	0	
JANET PINO DIRECTOR (7/1/10 - 6/30/11)	1 0	Х						0	0	0	
TIM SENEFF DIRECTOR (7/1/10 - 5/23/11)	1 0	Х						0	0	0	
JACOB V STUART DIRECTOR (7/1/10 - 12/12/10)	1 0	Х						0	0	0	
BUDDY DYER EX-OFFICIO DIRECTOR	1 0	Х						0	0	0	
RANDY E BERRIDGE EX-OFFICIO DIRECTOR	1 0	Х						0	0	0	
ROBERT J HOLMES JR CHIEF EXECUTIVE OFFICER	40 0			х				265,977	0	37,942	
GEORGE A YEARWOOD CHIEF FINANCIAL OFFICER	40 0			х				136,863	0	35,784	
BEN MCMAHAN COO	40 0			х				82,027	0	17,435	
JOYCE HENCKLER CHIEF DEVELOPMENT OFFICER	40 0				х			155,311	0	27,288	
THOMAS MESSINA ASSOCIATE VP ALUMNI RELATIONS	40 0					Х		142,838	0	26,282	
MARGARET JARRELL-COLE ASSOCIATE VP AND LEGAL COUNSEL	40 0					Х		132,017	0	15,754	
JAMES STEWART ASSISTANT VP CHIEF INFO OFFCR	40 0					Х		131,481	0	25,981	
NANCY KEON SENIOR DIRECTOR OF DEVELOPMENT	40 0					Х		120,045	0	18,845	
JEANNINE STARR DIRECTOR OF DEVELOPMENT	40 0					х		111,916	0	23,480	

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

(A) Name and Title		(C) (check that apply)  Position (check that apply)  Institutional Trustal Individual trustee  Or director				Highes emplo	Foli	(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
		al trustee or	nal Trustee	CEI	emplo)ee	t compensated see	mer			
KIM MINANA FORMER ASSOCIATE VP DVLPMNT	0 0						x	135,468	0	26,831