



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
THE UNIVERSITY OF FLORIDA FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
PO BOX 14425

Room/suite

City or town, state or country, and ZIP + 4
GAINESVILLE, FL 32604

F Name and address of principal officer
TOM MITCHELL
PO BOX 14425
GAINESVILLE,FL 32604

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UFF.UFL.EDU

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1964

M State of legal domicile FL

Part I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE UNIVERSITY OF FLORIDA FOUNDATION, INC IS A NOT-FOR-PROFIT ORGANIZATION WHOSE PURPOSE IS TO RAISE, INVEST, AND MANAGE FUNDS WHICH ARE USED TO ASSIST WITH THE TEACHING, RESEARCH, AND SERVICE MISSION OF THE UNIVERSITY OF FLORIDA		
	2	Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	96
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	88
Revenue	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	90
	6	Total number of volunteers (estimate if necessary)	6	500
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,157,750
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	118,905,765	112,642,549
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,618,538	33,811,873
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,548,915	6,558,026
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	153,073,218	153,012,448
	14	Benefits paid to or for members (Part IX, column (A), line 4)	95,928,031	88,965,132
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	16,131,186	26,989,315
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶23,572,854	539,609	521,292
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,770,061	11,293,586
	19	Revenue less expenses Subtract line 18 from line 12	120,368,887	127,769,325
			32,704,331	25,243,123
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1,711,205,997	1,694,623,812
	21	Total liabilities (Part X, line 26)	78,854,726	70,003,110
	22	Net assets or fund balances Subtract line 21 from line 20	1,632,351,271	1,624,620,702

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

ALAN WEST OFFICER
Type or print name and title

2013-02-25
Date

Paid Preparer's Use Only

Preparer's signature ▶ THERESA A BURDINE

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MCGLADREY LLP
7351 OFFICE PARK PLACE
MELBOURNE, FL 32940

Date

Check if self-employed ▶ ☐

Preparer's taxpayer identification number (see instructions)
P00362629

EIN ▶ 42-0714325

Phone no ▶ (321) 751-6200

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

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

THE MISSION OF THE UNIVERSITY OF FLORIDA FOUNDATION, INC IS TO SUPPORT AND ENHANCE THE UNIVERSITY OF FLORIDA BY ENCOURAGING ALUMNI AND FRIENDS TO PROVIDE PRIVATE FUNDS AND OTHER RESOURCES FOR THE UNIVERSITY'S BENEFIT, TO MANAGE THOSE ASSETS, TO PROVIDE VOLUNTEER LEADERSHIP IN SUPPORT OF THE UNIVERSITY'S OBJECTIVES, AND TO PERFORM ALL BUSINESS-RELATED MATTERS TO ACCOMPLISH THESE PURPOSES

2

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

Yes

No

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

3

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

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 33,019,575 including grants of \$ 31,926,355) (Revenue \$)

THE UNIVERSITY OF FLORIDA FOUNDATION, INC RECEIVES AND ADMINISTERS PRIVATE SUPPORT, IN ACCORDANCE WITH DONOR RESTRICTIONS, TO THE MANY COLLEGES, UNITS, AND PROGRAMS OF THE UNIVERSITY OF FLORIDA

4b

(Code) (Expenses \$ 15,778,151 including grants of \$ 15,705,418) (Revenue \$)

THE FOUNDATION RECEIVES AND ADMINISTERS, THROUGH THE UNIVERSITY, DONOR-PROVIDED FINANCIAL AID TO QUALIFIED STUDENTS IN ORDER TO ATTRACT AND MAINTAIN A DIVERSE STUDENT BODY AT THE UNIVERSITY OF FLORIDA

4c

(Code) (Expenses \$ 14,177,473 including grants of \$ 14,055,033) (Revenue \$)

THE FOUNDATION RECEIVES AND ADMINISTERS PRIVATE SUPPORT FOR FACULTY AND STAFF OF THE MANY COLLEGES AND UNITS OF THE UNIVERSITY OF FLORIDA INCLUDING, BUT NOT LIMITED TO, ENDOWED CHAIRS AND PROFESSORSHIPS

(Code) (Expenses \$ 32,854,528 including grants of \$ 27,278,326) (Revenue \$)

THE FOUNDATION RECEIVES AND ADMINISTERS PRIVATE SUPPORT FOR THE UNIVERSITY OF FLORIDA IN OTHER WAYS, INCLUDING RESEARCH FUNDING, NEW BUILDING CONSTRUCTION, EQUIPMENT PURCHASES, AND RENOVATION OF EXISTING FACILITIES

4d

Other program services (Describe in Schedule O)

(Expenses \$ 32,854,528 including grants of \$ 27,278,326) (Revenue \$)

4e

Total program service expenses

\$ 95,829,727

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	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? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	Yes
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	Yes
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	Yes
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I.</i> 	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? <i>If "Yes," complete Schedule G, Part II.</i> 	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	131
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	90
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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	Yes
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	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?	7c	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	4
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	No
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section 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		
1a	96		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	88
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	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶AK , AZ , CA , KY , MD , MI , MN , NH , NJ , NY , OH , OR , SC , UT , WA , WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization made 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 ▶ ALAN WEST 1938 W UNIVERSITY AVE GAINESVILLE, FL 32603 (352) 392-5958

Check if Schedule O contains a response to any question in this Part VII ☒

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 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 organization nor any related organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	1,850,991	4,242,060	644,250

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 33

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
UNIVERSITY OF FLORIDA INVESTMENT CORP 4510 NW 6TH PLACE 2ND FLOOR GAINESVILLE, FL 32607	INVESTMENT MANAGEMENT	2,198,163
MARKETING COMMUNICATION RESOURCE 731 BETA DR MAYFIELD VILLAGE, OH 44143	PRINTING AND PUBLICATIONS	442,585
RUFFALOCODY PO BOX 3018 CEDAR RAPIDS, IA 52406	PROFESSIONAL FUNDRAISERS	434,700
MCGLADREY & PULLEN LLP 7351 OFFICE PARK PLACE MELBOURNE, FL 32940	AUDITING AND TAX	144,200
SUNGUARD HIGHER EDUCATION ADVANCEMENT I 1000 WINTERE ST STE 1200 WALTHAM, MA 02451	SOFTWARE MAINTENANCE	120,078

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b	422,636				
	c	Fundraising events	1c					
	d	Related organizations	1d	9,450,657				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	102,769,256				
	g	Noncash contributions included in lines 1a-1f \$ 12,251,650						
	h	Total. Add lines 1a-1f		112,642,549				
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		-751,571		2,157,750	-2,909,321
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		Gross rents	(i) Real	(ii) Personal				
b		Less rental expenses	564,241	0				
c		Rental income or (loss)	564,241					
d		Net rental income or (loss)			564,241		564,241	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b		Less cost or other basis and sales expenses	122,234,367	2,310,299				
c		Gain or (loss)	86,085,154	3,896,068				
d		Net gain or (loss)	36,149,213	-1,585,769				
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18						
b		Less direct expenses						
c		Net income or (loss) from fundraising events . .						
9a		Gross income from gaming activities See Part IV, line 19						
b		Less direct expenses						
c		Net income or (loss) from gaming activities . .						
10a		Gross sales of inventory, less returns and allowances						
b		Less cost of goods sold . . .						
c		Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code						
11a		MISCELLANEOUS	900099	2,951,290	2,951,290			
b	TRANSFERS FROM COMPONE	900099	2,777,338	2,777,338				
c	REUNIONS AND OTHER EVE	900099	265,157	265,157				
d	All other revenue							
e	Total. Add lines 11a-11d		5,993,785					
12	Total revenue. See Instructions		153,012,448	5,993,785	2,157,750	32,218,364		

Part IX

Statement of Functional Expenses

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

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

Check if Schedule O contains a response to any question in this Part IX

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	88,965,132	88,965,132		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	841,451		466,960	374,491
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,401,568	38,217	2,676,620	11,686,731
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	855,883		855,883	
9	Other employee benefits	10,585,521	11,181	3,864,860	6,709,480
10	Payroll taxes	304,892		167,334	137,558
11	Fees for services (non-employees)				
a	Management				
b	Legal	8,267	3,987	4,180	100
c	Accounting	96,009	16	95,993	
d	Lobbying	2,550		2,550	
e	Professional fundraising See Part IV, line 17	521,292			521,292
f	Investment management fees	1,828,982	1,827,686	1,296	
g	Other	941,309	355,206	62,321	523,782
12	Advertising and promotion	27,885	16,315	9,185	2,385
13	Office expenses	2,165,201	1,096,413	111,241	957,547
14	Information technology	115,516	-25,000	-1,100,604	1,241,120
15	Royalties				
16	Occupancy	194,681	16,480	73,059	105,142
17	Travel	732,002	-6,139	17,981	720,160
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	890,648	262,029	128,152	500,467
20	Interest	593,358	593,358		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	469,592	194,343	267,237	8,012
23	Insurance	234,203	34,323	199,880	
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)				
a	BAD DEBT EXPENSE	1,949,456	1,949,440	16	
b	REPAIRS & MAINTENANCE	455,601		453,602	1,999
c	MISCELLANEOUS	304,044	294,216	-5,174	15,002
d	ENTERTAINMENT	260,643	4,508	4,205	251,930
e					
f	All other expenses	23,639	198,016	9,967	-184,344
25	Total functional expenses. Add lines 1 through 24f	127,769,325	95,829,727	8,366,744	23,572,854
26	Joint costs. 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			4,707,595	1	4,650,873
	2	Savings and temporary cash investments			30,880,301	2	5,220,725
	3	Pledges and grants receivable, net			64,484,281	3	84,563,376
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			202,868	7	290,118
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	24,208,035			
	b	Less accumulated depreciation	10b	5,197,517	19,049,194	10c	19,010,518
	11	Investments—publicly traded securities			6,454,869	11	4,604,550
	12	Investments—other securities See Part IV, line 11			1,488,927,010	12	1,493,581,467
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			96,499,879	15	82,702,185
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,711,205,997	16	1,694,623,812	
Liabilities	17	Accounts payable and accrued expenses			6,421,660	17	12,296,107
	18	Grants payable				18	
	19	Deferred revenue			2,463,000	19	2,052,500
	20	Tax-exempt bond liabilities			15,079,277	20	14,816,327
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,883,248	23	1,792,768
	24	Unsecured notes and loans payable to unrelated third parties			11,919,874	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			40,087,667	25	39,045,408
	26	Total liabilities. Add lines 17 through 25			78,854,726	26	70,003,110
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			14,027,981	27	175,578
	28	Temporarily restricted net assets			535,525,772	28	499,840,084
	29	Permanently restricted net assets			1,082,797,518	29	1,124,605,040
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,632,351,271	33	1,624,620,702
	34	Total liabilities and net assets/fund balances			1,711,205,997	34	1,694,623,812

Part XI

Reconciliation of Net Assets

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	153,012,448
2	Total expenses (must equal Part IX, column (A), line 25)	2	127,769,325
3	Revenue less expenses Subtract line 2 from line 1	3	25,243,123
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,632,351,271
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-32,973,692
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	1,624,620,702

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	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 the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization THE UNIVERSITY OF FLORIDA FOUNDATION INC	Employer identification number 59-0974739
--	--

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	154,546,590	138,271,443	115,410,384	118,905,765	112,642,549	639,776,731
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	1,466,742	1,442,256	1,458,225	1,392,924	1,343,369	7,103,516
4 Total. Add lines 1 through 3	156,013,332	139,713,699	116,868,609	120,298,689	113,985,918	646,880,247
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)						42,037,687
6 Public Support. Subtract line 5 from line 4						604,842,560

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	156,013,332	139,713,699	116,868,609	120,298,689	113,985,918	646,880,247
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,541,149	11,835,903	12,865,141	-184,881	-187,330	49,869,982
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	6,383,794	3,484,290	3,675,082	4,971,325	5,993,785	24,508,276
11 Total support (Add lines 7 through 10)						721,258,505

12 Gross receipts from related activities, etc (See instructions)

12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	83 860 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	83 650 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

16b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

17b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part IIIPart III

Support Schedule for Organizations Described in IRC 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 in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. 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		
20 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

- 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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization THE UNIVERSITY OF FLORIDA FOUNDATION INC	Employer identification number 59-0974739
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
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) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ 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)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(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)).

		(a)		(b)
		Yes	No	Amount
1	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			
a	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?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		6,093
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			6,093
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			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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".

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	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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
------------	------------------	-------------

SCHEDULE D
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

THE UNIVERSITY OF FLORIDA FOUNDATION INC

Employer identification number

59-0974739

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1
2	Aggregate contributions to (during year)	0
3	Aggregate grants from (during year)	2,000
4	Aggregate value at end of year	14,152
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☒ Yes ☐ No	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☒ Protection of natural habitat

☐ Preservation of a certified historic structure

☒ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4

Number of states where property subject to conservation easement is located ► 1

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☒ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► 4 00

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ 375

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ 83,887

(ii) Assets included in Form 990, Part X

► \$ 33,116,092

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☒ Public exhibition

d

☒ Loan or exchange programs

b

☒ Scholarly research

e

☐ Other

c

☒ Preservation for future generations

4

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

5

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

☒ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	1,295,313,181	1,104,572,604	1,055,987,256	1,290,712,688	
b Contributions	25,532,457	56,022,039	34,051,730	39,508,358	
c Investment earnings or losses	500,314	187,399,473	103,431,556	-222,034,088	
d Grants or scholarships	11,249,015	10,172,881	9,388,443	10,569,246	
e Other expenditures for facilities and programs	32,545,590	29,460,172	27,518,658	31,159,481	
f Administrative expenses	14,273,969	13,047,882	12,224,932	10,470,975	
g End of year balance	1,263,277,378	1,295,313,181	1,144,338,509	1,055,987,256	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		16,003,301		16,003,301
b Buildings		6,403,961	3,684,008	2,719,953
c Leasehold improvements				
d Equipment		1,800,773	1,513,509	287,264
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				19,010,518

Schedule D (Form 990) 2011

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1153,012,448
2	Total expenses (Form 990, Part IX, column (A), line 25)	2127,769,325
3	Excess or (deficit) for the year Subtract line 2 from line 1	325,243,123
4	Net unrealized gains (losses) on investments	4-31,798,168
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-1,175,524
9	Total adjustments (net) Add lines 4 - 8	9-32,973,692
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-7,730,569

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1125,601,298
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-31,798,168	
b	Donated services and use of facilities2b1,702,889	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d2,684,129	
e	Add lines 2a through 2d	2e-27,411,150
3	Subtract line 2e from line 1	3153,012,448
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	50153,012,448

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1123,039,964
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a1,702,889	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d5,899,019	
e	Add lines 2a through 2d	2e7,601,908
3	Subtract line 2e from line 1	3115,438,056
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b12,331,269	
c	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5127,769,325

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS	PART II, LINE 9	CONTRIBUTIONS TO THE LAND PRESERVE ARE GENERALLY RECORDED AT THEIR APPRAISED VALUE AT THE DATE OF THE GIFT, AND ARE CONSIDERED BY MANAGEMENT TO BE NON-REVENUE PRODUCING ASSETS THE VALUE OF THE CONTRIBUTED NON-REVENUE PRODUCING ASSETS IS INCLUDED IN THE STATEMENT OF ACTIVITIES
	PART III, LINE 4	THE ORGANIZATION RECEIVES AND MAY HOLD ART OBJECTS AND OTHER COLLECTIONS, INCLUDING ARTIFACTS, BOOKS, MANUSCRIPTS, AND DOCUMENTS, EITHER GIFTED TO THE ORGANIZATION FOR THE BENEFIT OF THE UNIVERSITY OF FLORIDA OR ACQUIRED WITH FUNDS GIFTED FOR THAT PURPOSE THESE OBJECTS ARE HELD FOR USE BY THE UNIVERSITY'S MUSEUMS AND LIBRARIES IN FURTHERANCE OF THE UNIVERSITY'S EDUCATIONAL MISSION
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE ESTABLISHED FOR A MULTITUDE OF REASONS TO BENEFIT THE UNIVERSITY OF FLORIDA THE REASONS INCLUDE, BUT ARE NOT LIMITED TO, PROFESSORSHIPS, SCHOLARSHIPS, RESEARCH, FACILITIES AND GENERAL COLLEGE SUPPORT
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FIN 48 STATEMENT THE FOUNDATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS OF THE FOUNDATION
PART XI, LINE 8 - OTHER ADJUSTMENTS		DECREASE IN SPLIT VALUE AGREEMENT -1,210,524 RECOGNIZED DEFERRED REVENUE PREVIOUSLY RECOGNIZED FOR TAX PURPOSES 35,000 TOTAL TO SCHEDULE D, PART XI, LINE 8 -1,175,524
PART XII, LINE 2D - OTHER ADJUSTMENTS		UF ALUMNI ASSOCIATION ACTIVITY REPORTED ON SEPARATE RETURN 2,684,129
PART XIII, LINE 2D - OTHER ADJUSTMENTS		UF ALUMNI ASSOCIATION ACTIVITY REPORTED ON SEPARATE RETURN 5,899,019
PART XIII, LINE 4B - OTHER ADJUSTMENTS		PENSION CHANGES SHOWN AS "OTHER" ON THE FINANCIAL STATEMENTS 7,014,498 PROVISION FOR DOUBTFUL PLEDGES SHOWN AS "OTHER" ON FINANCIAL STATEMENTS 2,066,881 TRANSFERS TO THE UF ALUMNI ASSOCIATION NOT SHOWN FOR BOOK PURPOSES 3,249,890

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
THE UNIVERSITY OF FLORIDA FOUNDATION INC

Employer identification number
59-0974739

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

b

☒

Internet and e-mail solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☐

Special fundraising events
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUFFALOCODY 65 KIRKWOOD NORTH ROAD SW CEDAR RAPIDS, IA 52404	PHONE PROGRAM		No	1,346,683	499,394	847,289
MELDA H BASSETT 3538 NW 18TH PLACE GAINESVILLE, FL 32605	FUNDRAISING		No	100,000	5,467	94,533
SCOTT I PEEK 2629 SILVERMOSS DRIVE WESLEY CHAPEL, FL 33544	FUNDRAISING		No	0	16,431	-16,431
Total				1,446,683	521,292	925,391

- 3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AK, AZ, AL, AR, CA, CO, FL, GA, HI, IL, KS, KY, LA, MD, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, CT

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor ☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

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 ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
THE UNIVERSITY OF FLORIDA FOUNDATION INC

Employer identification number
59-0974739

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part III

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF FLORIDA PO BOX 113203 GAINESVILLE, FL 32611	59-6002052			1,618,157	APPRAISAL, FMV	NON-CASH DONATIONS OF TANGIBLE PERSONAL	ALLOCATION
(2) UNIVERSITY OF FLORIDA PO BOX 113203 GAINESVILLE, FL 32611	59-6002052		17,791,437				SCHOLARSHIPS
(3) UF ALUMNI ASSOCIATION PO BOX 14425 GAINESVILLE, FL 32604	59-2911059	501C3	3,249,890				ALLOCATION
(4) UNIVERSITY OF FLORIDA PO BOX 113203 GAINESVILLE, FL 32611	59-6002052		66,305,648				ALLOCATION

- 2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3

Enter total number of other organizations listed in the line 1 table ▶

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)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE UF FOUNDATION TRANSFERS SCHOLARSHIP MONIES TO THE UNIVERSITY OF FLORIDA FINANCIAL AID OFFICE MONITORING OF THESE FUNDS IS DONE BY THE UNIVERSITY'S FINANCIAL AID OFFICE THE UF ALUMNI ASSOCIATION (UFAA) OPERATES AS A UNIT WITHIN THE UNIVERSITY OF FLORIDA FOUNDATION THEREFORE, ALL CASH DISBURSEMENTS FOR THE UFAA ARE SUBJECT TO THE SAME CONTROLS AS THE UF FOUNDATION THE UF FOUNDATION TRANSFERS BOTH CASH AND NON-CASH CONTRIBUTIONS TO SUPPORT THE UNIVERSITY OF FLORIDA, AN AFFILIATED ENTITY ALL CONTRIBUTIONS RECEIVED ARE SUBJECT TO THE POLICIES AND PROCEDURES OF THE UF FOUNDATION AND ARE DEEMED ADEQUATE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization THE UNIVERSITY OF FLORIDA FOUNDATION INC	Employer identification number 59-0974739
--	--

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☒ First-class or charter travel ☐ Housing allowance or residence for personal use ☒ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	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 ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

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, LINE 1A	PRIVATE AIRCRAFT ARE USED, AS APPROPRIATE, WHEN UNIVERSITY OF FLORIDA FOUNDATION (UFF) DIRECTORS OR OFFICERS NEED TO MAKE A FUNDRAISING TRIP TO A LOCATION BEST ACCESSED BY SUCH PLANES. TRAVEL IS PROVIDED, ON FUNDRAISING TRIPS, FOR COMPANIONS OF UFF DIRECTORS OR OFFICERS WHEN A BONA FIDE BUSINESS PURPOSE EXISTS. THESE BENEFITS ARE NOT TAXABLE INCOME TO THE RECIPIENTS ON SCHEDULE J, PART II.
	PART I, LINE 3	THE UNIVERSITY OF FLORIDA, A RELATED ORGANIZATION, USES THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION FOR THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR: * INDEPENDENT COMPENSATION CONSULTANT * WRITTEN EMPLOYMENT CONTRACT * COMPENSATION SURVEY OR STUDY.

Software ID:
Software Version:
EIN: 59-0974739
Name: THE UNIVERSITY OF FLORIDA FOUNDATION INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
STEVE M DORMAN	(i)	0	0	0	0	0	0	0
	(ii)	192,122	0	1,546	25,496	12,816	231,980	0
JOSEPH GLOVER	(i)	0	0	0	0	0	0	0
	(ii)	347,500	0	11,767	33,135	6,692	399,094	0
WENDY D GRAHAM	(i)	0	0	0	0	0	0	0
	(ii)	207,449	0	863	19,654	1,118	229,084	0
DAVID S GUZICK	(i)	0	0	0	0	0	0	0
	(ii)	724,196	40,000	111,751	20,418	20,135	916,500	0
J BERNARD MACHEN	(i)	0	0	0	0	0	0	0
	(ii)	426,672	300,000	127,042	15,162	14,788	883,664	0
PAUL OKUNIEFF	(i)	0	0	0	0	0	0	0
	(ii)	584,334	0	178,033	22,676	21,011	806,054	0
JACK M PAYNE	(i)	0	0	0	0	0	0	0
	(ii)	275,790	0	41,854	28,970	14,729	361,343	0
WINFRED M PHILLIPS	(i)	0	0	0	0	0	0	0
	(ii)	358,708	0	23,044	40,700	6,697	429,149	0
THOMAS J MITCHELL	(i)	286,798	0	41,461	20,439	13,269	361,967	0
	(ii)	31,866	0	4,607	2,271	1,474	40,218	0
LESLIE D BRAM	(i)	156,595	0	2,302	26,938	3,778	189,613	0
	(ii)	0	0	0	0	0	0	0
MATTHEW M FAJACK	(i)	0	0	0	0	0	0	0
	(ii)	239,282	0	13,634	25,253	14,712	292,881	0
CARTER BOYDSTON	(i)	178,551	0	3,378	17,126	12,815	211,870	0
	(ii)	0	0	0	0	0	0	0
CYNTHIA F BUTLER	(i)	151,728	0	4,555	19,190	12,815	188,288	0
	(ii)	0	0	0	0	0	0	0
ANN MCELWAIN	(i)	149,764	0	1,892	16,084	12,815	180,555	0
	(ii)	0	0	0	0	0	0	0
KENNETH DEVRIES	(i)	146,077	0	4,718	17,236	12,815	180,846	0
	(ii)	0	0	0	0	0	0	0
MARGARET HENDRYX	(i)	162,344	0	-572	15,894	2,022	179,688	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN MURRAY	(i)	141,790	0	5,000	20,042	12,815	179,647	0
	(ii)	0	0	0	0	0	0	0
PAUL A ROBELL	(i)	161,859	0	16,448	25,860	9,535	213,702	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF FLORIDA FOUNDATION INC

Employer identification number
59-0974739

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A UNIVERSITY OF FLORIDA FOUNDATION INC	59-0974739	NONEAVAIL	01-28-2009	15,450,000	EDUCATION		X	X			X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	633,673							
2	Amount of bonds defeased								
3	Total proceeds of issue	15,450,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	44,950							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds	450,000							
10	Capital expenditures from proceeds	14,955,050							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF FLORIDA FOUNDATION INC

Employer identification number
59-0974739

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art	X	44	234,113	FAIR MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		233,440	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	111	8,509,576	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other	X	6	958,926	FAIR MARKET VALUE
18 Collectibles	X	1	100,000	FAIR MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens	X	51	370,231	FAIR MARKET VALUE
24 Archeological artifacts				
EQUIPMENT AND 25 Other ► (<u>SUPPLIES</u>)	X	74	1,786,080	FAIR MARKET VALUE
AUCTION 26 Other ► (<u>ITEMS</u>)	X	166	54,066	FAIR MARKET VALUE
LIVESTOCK) 27 Other ► (<u>LIVESTOCK</u>)	X	10	2,698	FAIR MARKET VALUE
SPONSORSHIP 28 Other ► (<u>TICKETS/MEDIA</u>)	X	5	2,520	FAIR MARKET VALUE
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	39		
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?	30a	Yes	No	No
b If "Yes," describe the arrangement in Part II		Yes		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes		
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part III

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
THIRD PARTY USE	PART I, LINE 32B	THE UNIVERSITY OF FLORIDA FOUNDATION USES AUCTION HOUSES AND THIRD-PARTY BROKERS TO SELL DONATED PROPERTY

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF FLORIDA FOUNDATION INC

Employer identification number
59-0974739

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING INDIVIDUALS HAD A FAMILY RELATIONSHIP AS SELF-DISCLOSED ANNUALLY -ALLEN LASTINGER AND DELORES LASTINGER -MARSHALL CRISER, JR AND MARSHALL CRISER, III
	FORM 990, PART VI, SECTION A, LINE 7A	THE UNIVERSITY PRESIDENT SELECTS TWO DEANS AND TWO FACULTY MEMBERS TO SERVE ON THE BOARD
	FORM 990, PART VI, SECTION A, LINE 7B	ALL AMENDMENTS TO THE BYLAWS AND ARTICLES ARE SUBJECT TO APPROVAL BY THE UNIVERSITY OF FLORIDA PRESIDENT
	FORM 990, PART VI, SECTION B, LINE 11	AS BEST PRACTICES DICTATES, THE IRS FORM 990 WAS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE PRIOR TO ITS FILING THE BOARD OF DIRECTORS OFFICIALLY DELEGATED THE RESPONSIBILITY FOR REVIEWING THE FORM 990 TO THE AUDIT COMMITTEE BY MOTION ADOPTED BY THE FULL BOARD
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST PROVISION OF THE FOUNDATION'S BYLAWS REQUIRES DISCLOSURE OF CONFLICTS AT THE BEGINNING OF EACH FISCAL YEAR, DISCLOSURE FORMS ARE SENT TO EACH DIRECTOR AND OFFICER ANY RESPONSES INDICATING A POSSIBLE CONFLICT ARE REVIEWED BY LEGAL COUNSEL AND THE ASSOCIATE VICE PRESIDENT TO DETERMINE WHETHER FURTHER ACTION IS NECESSARY
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR MANAGEMENT IS REVIEWED AND SET BY THE PRESIDENT OF THE UNIVERSITY OF FLORIDA, OR HIS DESIGNEE, IN ACCORDANCE WITH THE UNIVERSITY'S POLICIES THESE POLICIES REQUIRE THAT COMPARABLE DATA BE USED TO DETERMINE THAT MANAGMENT IS COMPENSATED FAIRLY AND COMPETITIVELY WHEN COMPARED TO SIMILAR ROLES IN OTHER UNIVERSITY FOUNDATIONS NATIONALLY
	FORM 990, PART VI, SECTION C, LINE 18	THE FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE IN ADDITION, A COPY WILL BE MADE AVAILABLE UPON REQUEST THE 1023 IS AVAILABLE UPON REQUEST
	FORM 990, PART VI, SECTION C, LINE 19	ALL ARE AVAILABLE ON THE UNIVERSITY OF FLORIDA FOUNDATION'S WEBSITE AND UPON REQUEST
AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION THOMAS MITCHELL - 4 HOURS UNIVERSITY OF FLORIDA - EACH OF THE FOLLOWING INDIVIDUALS DEVOTES 40 HOURS PER WEEK BRIAN C BEACH KAREN A BJORNDAL JOSEPH GLOVER DAVID S GUZICK ROBERT H JERRY II J BERNARD MACHEN MARK R MCLELLAN JACK M PAYNE DONALD P PEMBERTON MATTHEW M FAJACK
FRINGE BENEFIT POOL	FORM 990, PART IX, LINE 9	THE ORGANIZATION PAYS A FRINGE BENEFIT POOL RATE ON ALL SALARIES FOR BENEFITS AND PAYROLL TAXES THIS FULL AMOUNT IS BEING REPORTED ON LINE 9 FOR OTHER EMPLOYEE BENEFITS
PENSION CHANGES	FORM 990, PART IX, LINE 9	INCLUDED IN THE \$10,585,521 OF OTHER BENEFITS REPORTED ON LINE 9 ARE INCREASES IN EXPENSE OF \$3,437,104 FOR MANAGEMENT AND GENERAL AND \$2,946,089 FOR FUNDRAISING DUE TO THE PENSION CHANGES AND OTHER NET PENSION COSTS
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -31,798,168 DECREASE IN SPLIT VALUE AGREEMENT -1,210,524 RECOGNIZED DEFERRED REVENUE PREVIOUSLY RECOGNIZED FOR TAX PURPOSES 35,000 TOTAL TO FORM 990, PART XI, LINE 5 -32,973,692
LOBBYING EXPENDITURES	SCHEDULE C, PART II-B, LINE 1 (G)	ALL LOBBYING EXPENDITURES ARE INCURRED IN SUPPORT OF THE UNIVERSITY OF FLORIDA LOBBYING EXPENDITURES INCLUDE PAYMENTS TO LOBBYISTS AND LOBBYING ORGANIZATIONS THESE PAYMENTS CONSIST OF CONSULTING, TRAVEL REIMBURSEMENT, DUES, AND OTHER COSTS, AS APPROVED BY THE UNIVERSITY OF FLORIDA

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF FLORIDA FOUNDATION INC

Employer identification number
59-0974739

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) UNIVERSITY OF FLORIDA PO BOX 113203 GAINESVILLE, FL 32611 59-6002052	UNIVERSITY	FL			N/A		No
(2) UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION 2012 W UNIVERSITY AVE GAINESVILLE, FL 32603 59-2911059	DIRECT SUPPORT ORGANIZATION	FL	501(C)3	LINE 7	N/A		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FLORIDA PRIVATE INVESTMENTS FUND LP 4510 NW 6TH PLACE GAINESVILLE, FL 32607 27-0277240	INVESTMENT IN OTHER ENTITIES	DE	UFICO LLC	EXCLUDED FROM TAX	46,980,871	483,109,695		No	2,122,707		No	93 510 %
(2) FLORIDA LONG TERM POOL FUND LP 4510 NW 6TH PLACE GAINESVILLE, FL 32607 27-0277090	INVESTMENT IN OTHER ENTITIES	DE	UFICO LLC	EXCLUDED FROM TAX	19,488,286	759,491,610		No	35,043		No	83 890 %
(3) FLORIDA SHORT-TERM POOL FUND LP 4510 NW 6TH PLACE GAINESVILLE, FL 32607 27-0276790	INVESTMENT IN OTHER ENTITIES	DE	UFICO LLC	EXCLUDED FROM TAX	2,059,885	216,445,963		No			No	81 830 %
(4) FLORIDA HEDGED STRATEGIES FUND LLC 4510 NW 6TH PLACE GAINESVILLE, FM 32607 27-0277727	INVESTMENT IN OTHER ENTITIES	DE	UFICO LLC	EXCLUDED FROM TAX		378,928		No			No	0 110 %

Part IV

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

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

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

Yes

1j

Yes

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

No

1p

Yes

1q

Yes

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

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

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

Software ID:

Software Version:

EIN: 59-0974739

Name: THE UNIVERSITY OF FLORIDA FOUNDATION INC

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) UNIVERSITY OF FLORIDA	C	90,291	FMV
(2) UNIVERSITY OF FLORIDA	E	-12,189,054	FMV
(3) UNIVERSITY OF FLORIDA	I	293,743	FMV
(4) UNIVERSITY OF FLORIDA	J	1,343,369	FMV
(5) UNIVERSITY OF FLORIDA	N	7,832,580	FMV
(6) UNIVERSITY OF FLORIDA	P	1,539,585	FMV
(7) UNIVERSITY OF FLORIDA	Q	88,965,132	FMV

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW M FAJACK TREASURER	1 00			X				0	252,916	39,965
ALAN M WEST ASSISTANT TREASURER	40 00			X				109,271	0	11,705
SUSAN G GOFFMAN SECRETARY	40 00			X				127,032	0	13,150
CARTER BOYDSTON SENIOR ASSOCIATE VP	40 00				X			181,929	0	29,941
CYNTHIA F BUTLER ASSISTANT VICE PRESIDENT	40 00					X		156,283	0	32,005
ANN MCELWAIN ASSISTANT VICE PRESIDENT	40 00					X		151,656	0	28,899
KENNETH DEVRIES ASSOCIATE VP	40 00					X		150,795	0	30,051
MARGARET HENDRYX EXEC DIR OF DEV & EXTERNAL AFFAIRS	40 00					X		161,772	0	17,916
KATHLEEN MURRAY SENIOR ADVISOR	40 00					X		146,790	0	32,857
PAUL A ROBELL FORMER OFFICER	40 00						X	178,307	0	35,395

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUAN A GALAN JR EX-OFFICIO	1 00	X						0	0	0
JOSEPH GLOVER EX-OFFICIO	1 00	X						0	359,267	39,827
WENDY D GRAHAM EX-OFFICIO	1 00	X						0	208,312	20,772
DAVID S GUZICK EX-OFFICIO	1 00	X						0	875,947	40,553
JULIE A JOHNSON EX-OFFICIO	1 00	X						0	0	0
JOHN V LOMBARDI EX-OFFICIO	1 00	X						0	0	0
J BERNARD MACHEN EX-OFFICIO	1 00	X						0	853,714	29,950
W A MCGRIFF III EX-OFFICIO	1 00	X						0	0	0
LINDA C MCGURN EX-OFFICIO	1 00	X						0	0	0
KELLY J MCKIBBEN EX-OFFICIO	1 00	X						0	0	0
ERIC J NICKELSEN EX-OFFICIO	1 00	X						0	0	0
CYNTHIA F O'CONNELL EX-OFFICIO	1 00	X						0	0	0
PAUL OKUNIEFF EX-OFFICIO	1 00	X						0	762,367	43,687
WHITFIELD M PALMER JR EX-OFFICIO	1 00	X						0	0	0
JACK M PAYNE EX-OFFICIO	1 00	X						0	317,644	43,699
WINFRED M PHILLIPS EX-OFFICIO	1 00	X						0	381,752	47,397
ANTHONY REYNOLDS EX-OFFICIO	1 00	X						0	0	0
DOYLE ROGERS EX-OFFICIO	1 00	X						0	0	0
JOAN D RUFFIER EX-OFFICIO	1 00	X						0	0	0
A WARD WAGNER JR EX-OFFICIO	1 00	X						0	0	0
CHARLES E YOUNG EX-OFFICIO	1 00	X						0	0	0
KEITH T KOENIG CHAIR	1 00			X				0	0	0
KELLEY A BERGSTROM VICE CHAIR	1 00			X				0	0	0
THOMAS J MITCHELL EXECUTIVE VICE PRESIDENT	36 00			X				328,259	36,473	37,453
LESLIE D BRAM ASSOCIATE VP	40 00			X				158,897	0	30,716

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DON FUQUA LIFE MEMBERS	1 00	X						0	0	0
GARY R GERSON LIFE MEMBERS	1 00	X						0	0	0
PEDRO J GREER JR LIFE MEMBERS	1 00	X						0	0	0
BEN HILL GRIFFIN III LIFE MEMBERS	1 00	X						0	0	0
JOHN B HIGDON JR LIFE MEMBERS	1 00	X						0	0	0
ANDREW H HINES JR LIFE MEMBERS	1 00	X						0	0	0
WILLIAM R HOUGH LIFE MEMBERS	1 00	X						0	0	0
ROBERT F LANZILLOTTI LIFE MEMBERS	1 00	X						0	0	0
ALLEN L LASTINGER JR LIFE MEMBERS	1 00	X						0	0	0
DAVID LAWRENCE JR LIFE MEMBERS	1 00	X						0	0	0
ROBERT C MAGOON LIFE MEMBERS	1 00	X						0	0	0
WAYNE K MASUR LIFE MEMBERS	1 00	X						0	0	0
J WAYNE MIXSON LIFE MEMBERS	1 00	X						0	0	0
CORNEAL B MYERS JR LIFE MEMBERS	1 00	X						0	0	0
NELL W POTTER LIFE MEMBERS	1 00	X						0	0	0
JUDY LYNN PRINCE LIFE MEMBERS	1 00	X						0	0	0
JOHNSON S SAVARY LIFE MEMBERS	1 00	X						0	0	0
LEWIS M SCHOTT LIFE MEMBERS	1 00	X						0	0	0
STEPHEN SHEY LIFE MEMBERS	1 00	X						0	0	0
RICHARD T SMITH LIFE MEMBERS	1 00	X						0	0	0
ALFRED C WARRINGTON IV LIFE MEMBERS	1 00	X						0	0	0
CARLOS J ALFONSO EX-OFFICIO	1 00	X						0	0	0
ROBERT A BRYAN EX-OFFICIO	1 00	X						0	0	0
MARSHALL M CRISER JR EX-OFFICIO	1 00	X						0	0	0
STEVE M DORMAN EX-OFFICIO	1 00	X						0	193,668	38,312

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBRA G NOUSS DIRECTOR	1 00	X						0	0	0
LOUIS H OBERNDORF DIRECTOR	1 00	X						0	0	0
PAUL T PHILLIPS DIRECTOR	1 00	X						0	0	0
MICHAEL W POOLE DIRECTOR	1 00	X						0	0	0
KATHRYN S PRESSLY DIRECTOR	1 00	X						0	0	0
ALEXIS C PUGH DIRECTOR	1 00	X						0	0	0
DAVIS M REMBERT JR DIRECTOR	1 00	X						0	0	0
FRED N ROBERTS SR DIRECTOR	1 00	X						0	0	0
GARRISON A ROLLE DIRECTOR	1 00	X						0	0	0
JOSE M SANCHEZ DIRECTOR	1 00	X						0	0	0
THOMAS J SHANNON JR DIRECTOR	1 00	X						0	0	0
JEFFREY S SHUMAN DIRECTOR	1 00	X						0	0	0
W CRIT SMITH DIRECTOR	1 00	X						0	0	0
RICHARD A STAAB DIRECTOR	1 00	X						0	0	0
CHARLES P STEINMETZ DIRECTOR	1 00	X						0	0	0
HANS G TANZLER III DIRECTOR	1 00	X						0	0	0
WARREN L TEDDER JR DIRECTOR	1 00	X						0	0	0
JOHN K VREELAND DIRECTOR	1 00	X						0	0	0
JOEL D WAHLBERG DIRECTOR	1 00	X						0	0	0
B J WILDER DIRECTOR	1 00	X						0	0	0
NATHAN S COLLIER LIFE MEMBERS	1 00	X						0	0	0
JOHN H DASBURG LIFE MEMBERS	1 00	X						0	0	0
SNEAD Y DAVIS LIFE MEMBERS	1 00	X						0	0	0
WILLIAM A EMERSON LIFE MEMBERS	1 00	X						0	0	0
FREDERICK E FISHER LIFE MEMBERS	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM J ALCORN DIRECTOR	1 00	X						0	0	0
REBECCA S ALLEN DIRECTOR	1 00	X						0	0	0
S ANDREW BANKS DIRECTOR	1 00	X						0	0	0
SUSAN M CAMERON DIRECTOR	1 00	X						0	0	0
ROBERT B CARTER DIRECTOR	1 00	X						0	0	0
MARSHALL M CRISER III DIRECTOR	1 00	X						0	0	0
TROY M DAVIS DIRECTOR	1 00	X						0	0	0
THOMAS M DONAHOO DIRECTOR	1 00	X						0	0	0
WILLIAM E DUDZIAK DIRECTOR	1 00	X						0	0	0
MAURICE O EDMONDS DIRECTOR	1 00	X						0	0	0
MARTIN L FACKLER DIRECTOR	1 00	X						0	0	0
JOHN W FROST II DIRECTOR	1 00	X						0	0	0
THOMAS E GIBBS DIRECTOR	1 00	X						0	0	0
ROBERT H GIDEL DIRECTOR	1 00	X						0	0	0
JAMES R HARPER DIRECTOR	1 00	X						0	0	0
SCOTT G HAWKINS DIRECTOR	1 00	X						0	0	0
JAMES W HEAVENER DIRECTOR	1 00	X						0	0	0
LINDA P HUDSON DIRECTOR	1 00	X						0	0	0
DAVID H HUGHES DIRECTOR	1 00	X						0	0	0
JOHN W KIRKPATRICK III DIRECTOR	1 00	X						0	0	0
DELORES T LASTINGER DIRECTOR	1 00	X						0	0	0
TERI LEVIN DIRECTOR	1 00	X						0	0	0
CARLOS E MARTINEZ DIRECTOR	1 00	X						0	0	0
JOELEN K MERKEL DIRECTOR	1 00	X						0	0	0
JEROME H MODELL DIRECTOR	1 00	X						0	0	0

Additional Data

Software ID:
Software Version:
EIN: 59-0974739
Name: THE UNIVERSITY OF FLORIDA FOUNDATION INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ 32,854,528 including grants of \$ 27,278,326) (Revenue \$) THE FOUNDATION RECEIVES AND ADMINISTERS PRIVATE SUPPORT FOR THE UNIVERSITY OF FLORIDA IN OTHER WAYS, INCLUDING RESEARCH FUNDING, NEW BUILDING CONSTRUCTION, EQUIPMENT PURCHASES, AND RENOVATION OF EXISTING FACILITIES