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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
UNIVERSITY OF FLORIDA RESEARCH FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 115500

City or town, state or country, and ZIP + 4
GAINESVILLE, FL 326115500

D Employer identification number
59-2729133

E Telephone number
(352) 392-5221

G Gross receipts $ 41,677,518

F Name and address of principal officer
DR WINFRED M PHILLIPS
PO BOX 113100
GAINESVILLE, FL 32611

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 RESEARCH UFL EDU/UFRF

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ASSIST THE UNIV OF FL IN THE FUNDING OF RESEARCH/DEVELOPMENT THROUGH GRANTS & CONTRACTUAL ARRANGEMENTS & IN THE COMMERCIALIZATION OF INTELLECTUAL PROPERTIES,WHICH INCLUDE INVENTIONS,DISCOVERIES,PROCESSES & WORK PRODUCTS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	3
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	0
	6 Total number of volunteers (estimate if necessary)	**6**	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-89,101
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	-90,239

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	43,631	53,500
	9 Program service revenue (Part VIII, line 2g)	8,653,830	13,814,400
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,385,896	2,972,278
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,655,959	24,837,340
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,739,316	41,677,518
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,523,257	13,042,662
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27,779,480	28,922,020
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	35,302,737	41,964,682
	19 Revenue less expenses Subtract line 18 from line 12	436,579	-287,164

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	160,436,302	157,320,565
	21 Total liabilities (Part X, line 26)	68,051,524	68,053,941
	22 Net assets or fund balances Subtract line 21 from line 20	92,384,778	89,266,624

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

****** | 2013-05-07
Signature of officer | Date

GEORGE C KOLB JR SECRETARY
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ HELEN Y PAINTER CPA	Date 2013-05-10	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PURVIS GRAY & COMPANY 2347 SE 17TH STREET OCALA, FL 34471			EIN ▶ Phone no ▶ (352) 732-3872

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 24,953,363 including grants of $ 3,538,515) (Revenue $ 32,789,304)

COST INCURRED IN OBTAINING LICENSES AND GRANTS FOR THE UNIVERSITY OF FLORIDA RESEARCH FOUNDATION ACTIVITIES

4b (Code) (Expenses $ 5,350,813 including grants of $) (Revenue $ 3,625,861)

COSTS INCURRED IN THE LICENSING OF PATENTED OR PATENTABLE PRODUCTS DEVELOPED BY THE UNIVERSITY OF FLORIDA

4c (Code) (Expenses $ 9,675,452 including grants of $ 9,504,147) (Revenue $)

COSTS INCURRED IN SECURING AND PROVIDING RESEARCH AND DEVELOPMENT FUNDING FOR THE UNIVERSITY OF FLORIDA

(Code) (Expenses $ 504,378 including grants of $) (Revenue $ 2,325,316)

OTHER COSTS INCURRED FOR UNIVERSITY OF FLORIDA RESEARCH FOUNDATION ACTIVITIES

4d Other program services (Describe in Schedule O)

(Expenses $ 504,378 including grants of $) (Revenue $ 2,325,316)

4e **Total program service expenses** ▶ $ 40,484,006

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	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? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **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**	292		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account 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**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization 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**		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
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	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its 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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	Yes	

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

			Yes	No
10a	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		No
13	Did the organization have a written whistleblower policy?	13		No
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		No
b	Other officers or key employees of the organization	15b		No
	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	Yes	
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		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you 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 ▶

GEORGE C KOLB JR
274 GRINTER HALL
GAINESVILLE,FL 326115500
(352) 392-5221

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) DR DAVID S GUZICK DIRECTOR	1 00	X						0	876,962	35,380
(2) DR J BERNARD MACHEN CHAIRPERSON	1 00	X						0	858,192	25,244
(3) DR JOHN KRAFT DIRECTOR	1 00	X						0	529,161	38,605
(4) DR JOSEPH GLOVER DIRECTOR	1 00	X						0	360,426	38,474
(5) EDWARD POPPELL DIRECTOR	1 00	X						0	329,089	33,112
(6) DR JACK PAYNE DIRECTOR	1 00	X						0	325,762	35,412
(7) DR CAMMY ABERNATHY DIRECTOR	1 00	X						0	310,805	35,886
(8) DR PAUL J D'ANIERI DIRECTOR	1 00	X						0	233,889	34,147
(9) DR DAVID NORTON DIRECTOR	1 00	X						0	230,760	33,664
(10) MR CURTIS REYNOLDS DIRECTOR	1 00	X						0	218,905	28,142
(11) MR BRIAN HUTCHISON DIRECTOR	1 00	X						0	0	0
(12) THE HONORABLE CAROLYN ROBERTS DIRECTOR	1 00	X						0	0	0
(13) THE HONORABLE JOELEN MERKEL DIRECTOR	1 00	X						0	0	0
(14) DR WINFRED M PHILLIPS PRESIDENT	10 00			X				0	383,361	45,589
(15) MR DAVID L DAY APP OFFICER	40 00			X				0	240,448	31,334
(16) DR THOMAS E WALSH APP OFFICER	1 00			X				0	238,761	27,787
(17) MR MICHAEL V MCKEE TREASURER	1 00			X				0	167,806	26,544

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) GEORGE KOLB JR SECRETARY	20 00			X				0	123,983	22,423
(19) JANE MUIR ASSOC DIREC	40 00					X		0	140,893	20,072

1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶		5,569,203	511,815

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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) Name and business address	(B) Description of services	(C) Compensation
SALIWANCHIK LLOYD AND EISENCHENK 3107 SW WILLISTON ROAD GAINESVILLE, FL 32614	PATENT LEGAL SE	2,291,264
THOMASKAYDENHORSTEMYR & RISLEYLLP 400 INTERSTATE N PKWY SE SUITE 1500 ATLANTA, GA 30339	PATENT LEGAL SE	653,426
EDWARDS WILDMAN PALMER LLC 525 OKEECHOBEE BLVD SUITE 1600 WEST PALM BEACH, FL 33401	PATENT LEGAL SE	391,035
WOLF GREENFIELD AND SACKS PC 600 ATLANTIC AVENUE BOSTON, MA 02210	PATENT LEGAL SE	375,697
BEUSSE WOLTER SANKS MORA & MAIRE PA 390 N ORANGE AVENUE SUITE 2500 ORLANDO, FL 32801	PATENT LEGAL SE	193,850

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 ▶ 10

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	14,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	39,500			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		53,500			
Program Service Revenue			Business Code				
	2a	LICENSING FEES	611710	4,320,149	4,320,149		
	b	PATENT AND LICENSING COSTS	611710	3,625,861	3,625,861		
	c	CONTRACTS AND GRANTS	611710	3,543,074	3,543,074		
	d	ASSMNT FEES REC RLTD UF CLLGS	611710	2,300,000	2,300,000		
	e	OTHER PROGRAM SERVICE REVENUE	611710	25,316	25,316		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		13,814,400			
	3	Investment income (including dividends, interest and other similar amounts)		1,937,172			1,937,172
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		24,926,081	24,926,081		
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	1,035,106				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	1,035,106				
	d	Net gain or (loss)			1,035,106		1,035,106
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900099	360			360
	b	K-1 ACTIVITY NOT ON FIN STMTS	541900	-89,101		-89,101	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		-88,741			
	12	**Total revenue.** See Instructions		41,677,518	38,740,481	-89,101	2,972,638

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	13,042,662	13,042,662		
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				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	5,350,813	5,350,813		
c	Accounting	43,500	43,500		
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	504,378	504,378		
g	Other	421,232	421,232		
12	Advertising and promotion	116,778	116,778		
13	Office expenses	274,239	274,239		
14	Information technology	263,353	263,353		
15	Royalties . .	17,693,943	17,693,943		
16	Occupancy				
17	Travel	43,540	43,540		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,457,125		1,457,125	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	28,591	28,591		
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	REIMBURSED EMPLOYEE COSTS	2,427,961	2,427,961		
b	RESEARCH & DEVELOP COSTS	113,733	113,733		
c	GATORADE ALLOCATION	57,572	57,572		
d	REPAIRS & MAINT CONTRACT	48,965	48,965		
e					
f	All other expenses	76,297	52,746	23,551	
25	**Total functional expenses.** Add lines 1 through 24f	41,964,682	40,484,006	1,480,676	0
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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	901,896	2	805,046
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,833,631	4	8,103,178
	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		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	543,633	9	520,082
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	88,397	11	65,628
	12	Investments—other securities See Part IV, line 11	152,068,745	12	147,826,631
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	160,436,302	16	157,320,565
Liabilities	17	Accounts payable and accrued expenses	17,015,604	17	19,325,374
	18	Grants payable		18	
	19	Deferred revenue	6,303,519	19	4,618,874
	20	Tax-exempt bond liabilities	31,000,000	20	30,100,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*	13,732,401	21	14,009,693
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	68,051,524	26	68,053,941
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	92,384,778	32	89,266,624
	33	Total net assets or fund balances	92,384,778	33	89,266,624
	34	Total liabilities and net assets/fund balances	160,436,302	34	157,320,565

Part XI Reconcilliation 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	41,677,518
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,964,682
3	Revenue less expenses Subtract line 2 from line 1	3	-287,164
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	92,384,778
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,830,990
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	89,266,624

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		

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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
UNIVERSITY OF FLORIDA RESEARCH FOUNDATION INC

Employer identification number
59-2729133

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

	Yes	No
(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? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
(A) UNIVERSITY OF FLORIDA	596002052	5	Yes		Yes		Yes		29,056,052
Total									29,056,052

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 ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

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

b **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

b **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 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 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
UNIVERSITY OF FLORIDA RESEARCH FOUNDATION INC

Employer identification number
59-2729133

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other See Additional Data Table		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	147,826,631	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	41,677,518
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	41,964,682
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-287,164
4	Net unrealized gains (losses) on investments	4	-2,943,168
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	112,178
9	Total adjustments (net) Add lines 4 - 8	9	-2,830,990
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,118,154

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	38,342,150
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-2,943,168		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c	23,077		
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-2,920,091
3	Subtract line **2e** from line **1**			3	41,262,241
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	504,378		
b	Other (Describe in Part XIV)	4b	-89,101		
c	Add lines **4a** and **4b**			4c	415,277
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	41,677,518

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	41,460,304
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	41,460,304
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	504,378		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	504,378
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	41,964,682

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
ESCROW LIABILITY ARRANGEMENT EXPLANATION	SCHEDULE D, PAGE 2, PART IV, LINE 2B	THE ORGANIZATION HOLDS INVESTMENTS IN A CUSTODIAL ARRANGEMENT FOR TWO COLLEGES WITHIN THE UNIVERSITY OF FLORIDA
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	RECOVERIES OF PRIOR YEAR GRANTS 23,077 K-1 ACTIVITY NOT INCLUDED ON THE FINANCIAL STATEMENTS 89,101
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	K-1 ACTIVITY NOT INCLUDED ON THE FINANCIAL STATEMENTS -89,101

Additional Data

Software ID:

Software Version:

EIN: 59-2729133

Name: UNIVERSITY OF FLORIDA RESEARCH FOUNDATION INC

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

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
SPIA-EXTERNAL INVESTMENT POOL	72,573,588	F
FLORIDA LONG TERM POOL FUND, LP	58,108,266	F
FL PRIVATE INVESTMENTS FUND (B), LP	8,747,552	F
FL PRIVATE INVESTMENTS FUND 2010, LP	5,201,843	F
FL PRIVATE INVESTMENTS FUND 2011, LP	1,332,348	F
FL SHORT-TERM FUND, LP	1,017,813	F
EQUITY INVESTMENTS	303,106	C
SBA-EXTERNAL INVESTMENT POOL	271,433	F
HEDGE STRATEGIES FOF MTU	184,639	F
FL PRIVATE INVESTMENTS FUND 2012, LP	86,043	F
MONEY MARKET FUNDS/CASH RESERVE		C

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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
UNIVERSITY OF FLORIDA RESEARCH FOUNDATION INC

Employer identification number
59-2729133

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 II 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 FLORIDAPO BOX 114000 GAINESVILLE,FL 32611	59-6002052	170	3,538,515				RESEARCH LICENSING
(2) UNIVERSITY OF FLORIDAPO BOX 114000 GAINESVILLE,FL 32611	59-6002052	170	9,504,147				RESEARCH & DEVELOP

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

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
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	GRANTS AND ASSISTANCE TO THE UNIVERSITY OF FLORIDA ARE PROVIDED BASED ON CONTRACTS, AGREEMENTS AND OTHER PROPERLY APPROVED METHODS FUNDS DISTRIBUTED ARE USED IN ACCORDANCE WITH DESIGNATED PURPOSES AND ARE DISTRIBUTED BY THE UNIVERSITY OF FLORIDA UPON RECEIPT FROM THE GRANTING ORGANIZATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2011

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Name of the organization
UNIVERSITY OF FLORIDA RESEARCH FOUNDATION INC

Employer identification number
59-2729133

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) 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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR DAVID S GUZICK	(i) (ii)	725,211	40,000	111,751	19,404	15,976	912,342	
(2) DR J BERNARD MACHEN	(i) (ii)	431,150	300,000	127,042	10,684	14,560	883,436	
(3) DR JOHN KRAFT	(i) (ii)	329,662		199,499	25,845	12,760	567,766	
(4) DR JOSEPH GLOVER	(i) (ii)	348,659		11,767	31,976	6,498	398,900	
(5) EDWARD POPPELL	(i) (ii)	229,084		100,005	19,765	13,347	362,201	
(6) DR JACK PAYNE	(i) (ii)	283,908		41,854	20,852	14,560	361,174	
(7) DR CAMMY ABERNATHY	(i) (ii)	310,805			28,516	7,370	346,691	
(8) DR PAUL J D'ANIERI	(i) (ii)	233,103		786	21,387	12,760	268,036	
(9) DR DAVID NORTON	(i) (ii)	229,139		1,621	20,904	12,760	264,424	
(10) MR CURTIS REYNOLDS	(i) (ii)	195,822		23,083	15,382	12,760	247,047	
(11) DR WINFRED M PHILLIPS	(i) (ii)	360,317		23,044	39,091	6,498	428,950	
(12) MR DAVID L DAY	(i) (ii)	237,151		3,297	18,574	12,760	271,782	
(13) DR THOMAS E WALSH	(i) (ii)	237,480		1,281	21,789	5,998	266,548	
(14) MR MICHAEL V MCKEE	(i) (ii)	143,448		24,358	13,784	12,760	194,350	
(15) JANE MUIR	(i) (ii)	137,907		2,986	12,702	7,370	160,965	

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
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	THROUGH THE RELATED ORGANIZATION THAT EMPLOYS THEM, THE INDIVIDUALS REPORTED IN PART II GENERALLY PARTICIPATE IN THE FLORIDA RETIREMENT SYSTEM (FRS), A MULTI-EMPLOYER RETIREMENT SYSTEM CREATED UNDER CHAPTER 121 OF THE FLORIDA STATUTES AND ADMINISTERED BY THE FLORIDA DIVISION OF RETIREMENT AS STATED ON THE WEBSITE OF FRS, IT IS FUNDED BY CONTRIBUTIONS PAID BY EMPLOYERS AND EMPLOYEES BASED ON A PERCENTAGE OF THE EMPLOYEES' SALARIES THE RATE OF CONTRIBUTIONS REQUIRED IS DETERMINED BY AN ACTUARIAL CONSULTING FIRM TO ASSURE COMPLIANCE WITH THE FUNDING REQUIREMENTS OF THE CONSTITUTION OF THE STATE OF FLORIDA EMPLOYEES' CONTRIBUTIONS ARE 3% WITH THE EMPLOYER CONTRIBUTING THE REQUIRED BALANCE THE INSTRUCTIONS FOR THE FORM 990 INDICATE THAT SCHEDULE J SHOULD INCLUDE A REASONABLE ESTIMATE OF THE INCREASE IN THE ACTUARIAL VALUE OF ANY QUALIFIED OR NONQUALIFIED RETIREMENT ACCRUALS UNDER A DEFINED BENEFIT PLAN FRS HAS STATED THAT SUCH INFORMATION CURRENTLY IS NOT AVAILABLE FOR PARTICIPANTS IN IT PLAN THEREFORE, THE AMOUNTS REPORTED INCLUDE THE CONTRIBUTION PAID BY THE RELATED ORGANIZATION AS ITS CONTRIBUTION ON BEHALF OF THE NAMED INDIVIDUAL THIS AMOUNT IS CONSIDERED THE BEST REASONABLE ESTIMATE OF INFORMATION REQUIRED

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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
UNIVERSITY OF FLORIDA RESEARCH FOUNDATION INC

Employer identification number
59-2729133

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,900,000			
2	Amount of bonds defeased				
3	Total proceeds of issue	35,000,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	173,750			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	34,826,250			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2006			

		A		B		C		D	
		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?		X						
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?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	FORM 926 ADDITIONAL INFORMATION REQUIRED UNDER REGULATIONS SECTION 1 6038B-1(C) AND TEMPOR ARY REGULATIONS SECTION 1 6038B-1T (C) (1) THROUGH (5) FORM 926(1) NAME OF PARTNERSHIP P ARTNERS GROUP REAL ESTATE SECONDARY 2009 (USD) A, LP 98-0684064 (C) (1) TRANSFEROR-UNIVERS ITY OF FLORIDA RESEARCH FOUNDATION, INC , 59-2729133, P O BOX 115500, GAINESVILLE, FLORID A 32611-5500 (C) (2)(I) TRANSFER-TRANSFEREE INFORMATION-FF&P RUSSIA REAL ESTATE LIMITED, 2 ND FLOOR, REGENCY COURT, GLATEGNY ESPLANADE, ST PETER PORT, GUERNSEY GY1 3NQ COUNTRY CODE OF COUNTRY OF INCORPORATION-GUERNSEY (GK) (C)(2)(II)DESCRIPTION OF TRANSFER-CASH (C) (3) CONSIDERATION RECEIVED-0 0633% OF TRANSFEREE ENTITY, THE ESTIMATED FAIR MARKET VALUE IS 11 4,295-NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C) (5) ITEM NOT APPLICABLE FORM 926(2) NAME OF PARTNERSHIP ALI NDA INFRASTRUCTURE FUND II AIV, LP 98-0597709 (C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RES EARCH FOUNDATION, INC , 59-2729133, P O BOX 115500, GAINESVILLE, FLORIDA 32611-5500 (C) (2)(I) TRANSFER-TRANSFEREE INFORMATION-HARVEST I S A R L C/O ALINDA CAPITAL PARTNERS, LLC, 100 WEST PUTNAM AVENUE 3RD FLOOR, GREENWICH, CT 06830 COUNTRY CODE OF COUNTRY OF INCORPOR ATION-LUXEMBOURG (LU) (C) (2)(II) DESCRIPTION OF TRANSFER-FOREIGN CURRENCY (C) (3) CONSIDE RATION RECEIVED-0 0280% OF TRANSFEREE ENTITY, THE ESTIMATED FAIR MARKET VALUE IS 248,453 E URO RECEIVED ON VARIOUS DATES- NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT , AND CHARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C)(5) ITEM NOT APPLICABLE FORM 926(3) N AME OF PARTNERSHIP FL GLOBAL FIXED INCOME FUND LLC 27-0277004 (C) (1) TRANSFEROR-UNIVERSI TY OF FLORIDA RESEARCH FOUNDATION, INC , 59-2729133, P O BOX 115500, GAINESVILLE, FLORIDA 32611-5500 (C) (2)(I) TRANSFER-TRANSFEREE INFORMATION-CONVEXITY CAPITAL OFFSHORE LP, 78 S IR JOHN ROGERSONS QUAY, DUBLIN, IRELAND COUNTRY CODE OF COUNTRY OF INCORPORATION-CAY MAN IS LANDS (CJ) (C) (2)(II) DESCRIPTION OF TRANSFER-CASH (C) (3) CONSIDERATION RECEIVED-VARIED INTEREST IN TRANSFEREE ENTITY, THE ESTIMATED FAIR MARKET VALUE IS 1,330,430, NO INFORMATIO N WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF INTEREST RECEIVED (C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C)(5) ITEM NOT APPLICABLE FORM 926(4) NAME OF PARTNERSHIP FL GLOBAL FIXED INCOME FUND LLC 27-0277004 (C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC , 59-2729 133, P O BOX 115500, GAINESVILLE, FLORIDA 32611-5500 (C) (2)(I) TRANSFER-TRANSFEREE INFOR MATION-ROUND TABLE ASSET RECOVERY FUND LTD, WINDWARD 1, REGATA OFFICE PK, WEST BAY RD, GRA ND CAY MAN, E9, KY1-1205 COUNTRY CODE OF COUNTRY OF INCORPORATION-CAY MAN ISLANDS (CJ) (C) (2)(II) DESCRIPTION OF TRANSFER-CASH (C) (3) CONSIDERATION RECEIVED-VARIED INTEREST IN TRAN SFEREE ENTITY, THE ESTIMATED FAIR MARKET VALUE IS 443,477, NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERT Y TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C)(5) ITEM NOT APPLICABLE FORM 926(5) NAME OF PARTNERSHIP FL HEDGED STRATEGIES FUND LLC 27-0277727 (C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC , 59-2729133, P O BOX 11 5500, GAINESVILLE, FLORIDA 32611-5500 (C) (2)(I) TRANSFER-TRANSFEREE INFORMATION-ARMAJARO COMMODITIES FUND LTD, 16 CHARLES STREET, LONDON, ENGLAND W1J 5DS COUNTRY CODE OF COUNTRY O F INCORPORATION-CAY MAN ISLANDS (CJ) (C) (2)(II) DESCRIPTION OF TRANSFER-CASH (C) (3) CONSI DERATION RECEIVED-VARIED INTEREST IN TRANSFEREE ENTITY, THE ESTIMATED FAIR MARKET VALUE IS 313,648, NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART I II OF FORM 926 AS ATTACHED (C)(5) ITEM NOT APPLICABLE FORM 926(6) NAME OF PARTNERSHIP F L HEDGED STRATEGIES FUND LLC 27-0277727 (C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC , 59-2729133, P O BOX 115500, GAINESVILLE, FLORIDA 32611-5500 (C) (2)(I) TRANSFER-TRANSFEREE INFORMATION-CFIP OVERSEAS FUND LTD, UGLAND HOUSE, PO BOX 309, GRAND CA Y MAN, CAY MAN ISLANDS, KY1-1104 COUNTRY CODE OF COUNTRY OF INCORPORATION-CAY MAN ISLANDS (CJ) (C) (2)(II) DESCRIPTION OF TRANSFER-CASH (C) (3) CONSIDERATION RECEIVED-VARIED INTEREST IN TRANSFEREE ENTITY, THE ESTIMATED FAIR MARKET VALUE IS 125,459, NO INFORMATION WAS PROVI DED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C)(5) ITEM NOT APPLICABLE FORM 926(7) NAME OF PARTNERSHIP FL HEDGED STRATEGIES FUND LLC 27-02 77727 (C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RES

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	EARCH FOUNDATION, INC , 59-2729133, P O BOX 115500, GAINESVILLE, FLORIDA 32611-5500 (C) (2)(I) TRANSFER-TRANSFEREE INFORMATION-COMAC GLOBAL MACRO FUND LTD, UGLAND HOUSE, GEORGETOW N, E9, KY1-1103 COUNTRY CODE OF COUNTRY OF INCORPORATION-CAYMAN ISLANDS (CJ) (C) (2)(II) D ESCRIPTION OF TRANSFER-CASH (C) (3) CONSIDERATION RECEIVED-VARIED INTEREST IN TRANSFEREE E NTITY, THE ESTIMATED FAIR MARKET VALUE IS 627,297, NO INFORMATION WAS PROVIDED AS TO THE C LASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRANSF ERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C)(5) ITEM NOT APPL ICABLE FORM 926(8) NAME OF PARTNERSHIP FL HEDGED STRATEGIES FUND LLC 27-0277727 (C) (1) T RANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC , 59-2729133, P O BOX 115500, GA INESVILLE, FLORIDA 32611-5500 (C) (2)(I) TRANSFER-TRANSFEREE INFORMATION-EPWORTH, C/O MAPL ES CORPORATE SVCS LTD, P O BOX 309, GRAND CAYMAN, KY1-1104 COUNTRY CODE OF COUNTRY OF INC ORPORATION-CAYMAN ISLANDS (CJ) (C) (2)(II) DESCRIPTION OF TRANSFER-CASH (C) (3) CONSIDERAT ION RECEIVED-6 0924% INTEREST OF TRANSFEREE ENTITY AFTER TRANSFER, THE ESTIMATED FAIR MARK ET VALUE IS 2,932,195, NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CH ARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMAT ION IN PART III OF FORM 926 AS ATTACHED (C)(5) ITEM NOT APPLICABLE FORM 926(9) NAME OF P ARTNERSHIP FL HEDGED STRATEGIES FUND LLC 27-0277727 (C) (1) TRANSFEROR-UNIVERSITY OF FLOR IDA RESEARCH FOUNDATION, INC , 59-2729133, P O BOX 115500, GAINESVILLE, FLORIDA 32611-550 0 (C) (2)(I) TRANSFER-TRANSFEREE INFORMATION-GRAHAM GLOBAL INVESTMENT FUND II LTD, 125 MAI N STREET, PO BOX 144, ROAD TOWN, BRITISH VIRGIN ISLANDS VG1110 COUNTRY CODE OF COUNTRY OF INCORPORATION-BRITISH VIRGIN ISLANDS (VI) (C) (2)(II) DESCRIPTION OF TRANSFER-CASH (C) (3) CONSIDERATION RECEIVED- VARIED INTEREST IN TRANSFEREE ENTITY, THE ESTIMATED FAIR MARKET V ALUE IS 627,297, NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTE RISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C)(5) ITEM NOT APPLICABLE FORM 926(10) NAME OF PARTNE RSHIP FL HEDGED STRATEGIES FUND LLC 27-0277727 (C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA R ESEARCH FOUNDATION, INC , 59-2729133, P O BOX 115500, GAINESVILLE, FLORIDA 32611-5500 (C) (2)(I) TRANSFER-TRANSFEREE INFORMATION-OCEANWOOD GLOBAL OPPORTUNITIES FUND, 4 ALBEMARLE S TREET, LONDON, ENGLAND W1S 4GA COUNTRY CODE OF COUNTRY OF INCORPORATION-CAYMAN ISLANDS (CJ) (C) (2)(II) DESCRIPTION OF TRANSFER-CASH (C) (3) CONSIDERATION RECEIVED- VARIED INTEREST IN TRANSFEREE ENTITY, THE ESTIMATED FAIR MARKET VALUE IS 125,459, NO INFORMATION WAS PROV IDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C)(5) ITEM NOT APPLICABLE FORM 926 (11) NAME OF PARTNERSHIP FL HEDGED STRATEGIES FUND LLC 27- 0277727 (C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC , 59-2729133, P O BOX 115500, GAINESVILLE, FLORIDA 32611-5500 (C) (2)(I) TRANSFER-TRANSFEREE INFORMATION- ROUND TABLE ASSET RECOVERY FUND LTD, WINDWARD 1, REGATA OFFICE PK, WEST BAY RD, GRAND CAY M AN, E9, KY1-1205 COUNTRY CODE OF COUNTRY OF INCORPORATION-CAYMAN ISLANDS (CJ) (C) (2)(II) DESCRIPTION OF TRANSFER-CASH (C) (3) CONSIDERATION RECEIVED- VARIED INTEREST IN TRANSFEREE ENTITY, THE ESTIMATED FAIR MARKET VALUE IS 627,297, NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED (C) (4) PROPERTY TRAN SFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED (C)(5) ITEM NOT AP PLICABLE FORM 926(12) NAME OF PARTNERSHIP FL HEDGED STRATEGIES FUND LLC 27-0277727 (C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC , 59-2729133, P O BOX 115500, GAINESVILLE, FLORIDA 32611-5500 (C) (2)

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	OTHER COSTS INCURRED FOR UNIVERSITY OF FLORIDA RESEARCH FOUNDATION ACTIVITIES

Identifier	Return Reference	Explanation
OFFICERS WHO CANNOT BE REACHED	FORM 990, PAGE 6, PART VI, LINE 9	MR MICHAEL V MCKEE PO BOX 113200 GAINESVILLE, FL 32611 DR WINFRED M PHILLIPS P O BOX 113100 GAINESVILLE, FL 32611 MR BRIAN HUTCHISON P O BOX 2650 ALACHUA, FL 32616 DR DAVID S GUZICK P O BOX 100014 GAINESVILLE, FL 32611 THE HONORABLE CAROLYN ROBERTS 115 NE 8TH AVENUE OCALA, FL 34470 THE HONORABLE JOELEN MERKEL 118 MARLIN DRIVE OCEAN RIDGE, FL 33435 DR CAMMY ABERNATHY P O BOX 116550 GAINESVILLE, FL 32611 JANE MUIR P O BOX 115575 GAINESVILLE, FL 32611 DR JOSEPH GLOVER P O BOX 113175 GAINESVILLE, FL 32611 DR JOHN KRAFT P O BOX 117150 GAINESVILLE, FL 32611 DR JACK PAYNE P O BOX 110180 GAINESVILLE, FL 32611 DR J BERNARD MACHEN P O BOX 113150 GAINESVILLE, FL 32611 MR DAVID L DAY P O BOX 115575 GAINESVILLE, FL 32611 DR DAVID NORTON P O BOX 115500 GAINESVILLE, FL 32611 MR CURTIS REYNOLDS P O BOX 113100 GAINESVILLE, FL 32611

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

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART VII	ADDITIONAL INFORMATION REGARDING PART VII THROUGH THE RELATED ORGANIZATION THAT EMPLOYS THEM, THE INDIVIDUALS REPORTED IN PART VII OF FORM 990 AND SCHEDULE J (FORM 990) GENERALLY PARTICIPATE IN THE FLORIDA RETIREMENT SYSTEM (FRS), A MULTI-EMPLOYER RETIREMENT SYSTEM CREATED UNDER CHAPTER 121 OF THE FLORIDA STATUTES AND ADMINISTERED BY THE FLORIDA DIVISION OF RETIREMENT AS STATED ON THE WEBSITE OF FRS, IT IS FUNDED BY CONTRIBUTIONS PAID BY EMPLOYERS AND EMPLOYEES BASED ON A PERCENTAGE OF THE EMPLOYEES' SALARIES THE RATE OF CONTRIBUTIONS REQUIRED IS DETERMINED BY AN ACTUARIAL CONSULTING FIRM TO ASSURE COMPLIANCE WITH THE FUNDING REQUIREMENTS OF THE CONSTITUTION OF THE STATE OF FLORIDA EMPLOYEES' CONTRIBUTIONS ARE 3% WITH THE EMPLOYER CONTRIBUTING THE REQUIRED BALANCE THE INSTRUCTIONS FOR THE FORM 990 INDICATE THAT PART VII AND SCHEDULE J SHOULD INCLUDE A REASONABLE ESTIMATE OF THE INCREASE IN THE ACTUARIAL VALUE OF ANY QUALIFIED OR NONQUALIFIED RETIREMENT ACCRUALS UNDER A DEFINED BENEFIT PLAN FRS HAS STATED THAT SUCH INFORMATION CURRENTLY IS NOT AVAILABLE FOR PARTICIPANTS IN ITS PLAN THEREFORE, THE AMOUNTS REPORTED IN PART VII AND SCHEDULE J INCLUDE THE CONTRIBUTION PAID BY THE RELATED ORGANIZATION AS ITS CONTRIBUTIONS ON BEHALF OF THE NAMED INDIVIDUAL THIS AMOUNT IS CONSIDERED THE BEST REASONABLE ESTIMATE OF INFORMATION REQUIRED IN THIS FORM 990 AND RELATED SCHEDULES

Identifier	Return Reference	Explanation
RELATED ORGANIZATIONS	FORM 990, PAGE 7, PART VII	ALL INDIVIDUALS LISTED IN PART VII ARE EMPLOYEES OF THE UNIVERSITY OF FLORIDA AND WORK A FULL-TIME SCHEDULE FOR THE UNIVERSITY AVERAGE HOURS PER WEEK IS ESTIMATED AT 40 HOURS FOR ALL SUCH INDIVIDUALS

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS/(LOSSES) ON INVESTMENTS CARRIED AT MARKET VALUE (2,943,168) RECOVERY OF UNUSED PRIOR YEAR GRANTS 23,077 K-1 UBTI ACTIVITY NOT INCLUDED ON FINANCIAL STMT 89,101 ---------- TOTAL PART XI, LINE 5-OTHER CHANGES (2,830,990)

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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
UNIVERSITY OF FLORIDA RESEARCH FOUNDATION INC

Employer identification number
59-2729133

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) UNIVERSITY OF FLORIDA PO BOX 114000 GAINESVILLE, FL 32611 59-6002052	EDUCATION	FL			NA		No
(2) UNIVERSITY OF FL INVESTMENT CORP 4510 NW 6TH PLACE GAINESVILLE, FL 32607 20-1226494	INVESTMENT	FL	501C3	5	NA		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? Yes	(h) Disproportionate allocations? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) FLORIDA PRIVATE INVESTMENTS FUND L C/O UNIV OF FLORIDA INVESTMENT COR 4510 NW 6TH PLACE 2ND FLOOR GAINESVILLE, FL 32607 27-0277240	INVESTMENT	FL	NA	EXCLUDED	40,406	15,367,448		No	-92,026		No	
(2) FLORIDA LONG TERM POOL FUND LP C/O UNIVER OF FL INVESTMENT CORP 4510 NW 6TH PLACE 2ND FLOOR GAINESVILLE, FL 32607 27-0277090	INVESTMENT	FL	NA	EXCLUDED	1,575,038	58,108,254		No	2,885		No	
(3) FLORIDA SHORT TERM FUND LP 4510 NW 6TH PLACE 2ND FLOOR GAINESVILLE, FL 32607 27-0276790	INVESTMENT	FL	NA	EXCLUDED	2,392	1,018,252		No			No	

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

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related organization(s)	1r	Yes	

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	PART III COLUMN K REQUIRES THE OWNERSHIP PERCENTAGE BE ENTERED FOR EACH RELATED ORGANIZATION TAXED AS A PARTNERSHIP THE PERCENTAGE INTEREST IN BOTH THE PROFITS AND THE CAPITAL FOR ALL THREE OF THE PARTNERSHIPS LISTED IN PART III HAVE BEEN LISTED AT VARIOUS ON THE FORMS K1 RECEIVED FROM THE PARTNERSHIPS ACCORDINGLY COLUMN K OF PART III DOES NOT INCLUDE A PERCENTAGE OWNERSHIP

Additional Data

Return to Form

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	UNIVERSITY OF FLORIDA	B	13,042,662	ACTUAL COST
(2)	UNIVERSITY OF FLORIDA	M		
(3)	UNIVERSITY OF FLORIDA	N	2,427,961	ACTUAL COST
(4)	UNIVERSITY OF FLORIDA	O	657,273	ACTUAL COST
(5)	UNIVERSITY OF FLORIDA	Q	12,928,156	ACTUAL COST
(6)	UNIVERSITY OF FLORIDA	C	155,703	ACTUAL COST
(7)	UNIVERSITY OF FLORIDA	P	2,322,241	ACTUAL COST
(8)	FLORIDA LONG TERM POOL FUND LP	R	5,000,000	ACTUAL COST
(9)	FLORIDA PRIVATE INVESTMENTS FUND L	B	6,127,812	ACTUAL COST
(10)	FLORIDA PRIVATE INVESTMENTS FUND L	R	1,457,325	ACTUAL COST
(11)	FLORIDA SHORT-TERM FUND LP	B	5,913,453	ACTUAL COST
(12)	FLORIDA SHORT-TERM FUND LP	R	5,547,892	ACTUAL COST
(13)	UNIVERSITY OF FL INVESTMENT CORP	L	429,151	ACTUAL COST
(14)	UNIVERSITY OF FLORIDA	B	13,042,662	ACTUAL COST
(15)	UNIVERSITY OF FLORIDA	M		
(16)	UNIVERSITY OF FLORIDA	N	2,427,961	ACTUAL COST
(17)	UNIVERSITY OF FLORIDA	O	657,273	ACTUAL COST
(18)	UNIVERSITY OF FLORIDA	Q	12,928,156	ACTUAL COST
(19)	UNIVERSITY OF FLORIDA	C	155,703	ACTUAL COST
(20)	UNIVERSITY OF FLORIDA	P	2,322,241	ACTUAL COST

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
(21)	FLORIDA LONG TERM POOL FUND LP	R	5,000,000	ACTUAL COST
(22)	FLORIDA PRIVATE INVESTMENTS FUND L	B	6,127,812	ACTUAL COST
(23)	FLORIDA PRIVATE INVESTMENTS FUND L	R	1,457,325	ACTUAL COST
(24)	FLORIDA SHORT-TERM FUND LP	B	5,913,453	ACTUAL COST
(25)	FLORIDA SHORT-TERM FUND LP	R	5,547,892	ACTUAL COST
(26)	UNIVERSITY OF FL INVESTMENT CORP	L	429,151	ACTUAL COST
(27)	UNIVERSITY OF FLORIDA	B	13,042,662	ACTUAL COST
(28)	UNIVERSITY OF FLORIDA	M		
(29)	UNIVERSITY OF FLORIDA	N	2,427,961	ACTUAL COST
(30)	UNIVERSITY OF FLORIDA	O	657,273	ACTUAL COST
(31)	UNIVERSITY OF FLORIDA	Q	12,928,156	ACTUAL COST
(32)	UNIVERSITY OF FLORIDA	C	155,703	ACTUAL COST
(33)	UNIVERSITY OF FLORIDA	P	2,322,241	ACTUAL COST
(34)	FLORIDA LONG TERM POOL FUND LP	R	5,000,000	ACTUAL COST
(35)	FLORIDA PRIVATE INVESTMENTS FUND L	B	6,127,812	ACTUAL COST
(36)	FLORIDA PRIVATE INVESTMENTS FUND L	R	1,457,325	ACTUAL COST
(37)	FLORIDA SHORT-TERM FUND LP	B	5,913,453	ACTUAL COST
(38)	FLORIDA SHORT-TERM FUND LP	R	5,547,892	ACTUAL COST
(39)	UNIVERSITY OF FL INVESTMENT CORP	L	429,151	ACTUAL COST

Additional Data

Software ID:

Software Version:

EIN: 59-2729133

Name: UNIVERSITY OF FLORIDA RESEARCH FOUNDATION INC

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

4d. Other program services

(Code) (Expenses $ 504,378 including grants of $) (Revenue $ 2,325,316)

OTHER COSTS INCURRED FOR UNIVERSITY OF FLORIDA RESEARCH FOUNDATION ACTIVITIES