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

OMB No 1545-0047 2012

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

Open to Public Inspection

Department of the Treasury

Dep	artment of th rnal Revenu	ne Treasury e Service	► The	organization i	may have to use a co	opy of this return to satist	fy state report	ıng requirei	ments.	1 0 4	inspection :
A	For the	2012 calenda	r year, or tax y	ear beginn	ing 7/01	, 2012,	and ending	g 6/	30		, 2013
В	Check if ap					<del></del>		<u> </u>		er Ider	itification Number
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-			ame As C				<del></del> _	ווסי Are all ',f 'No	affiliates incl attach a list	(see in	nstructions) Yes No
<u>l</u>	Tax-exer	npt status 2	X 501(c)(3)	501(c) (	) ◀ (insert n	o.) 4947(a)(1) or		,			
J	Websi	te:► www	.research		u	<u> </u>		<del></del>	exemption nu		
K			Corporation	Trust	Association Off	her► L Y	ear of Formati	on. 194	5 M s	state of	legal domicile KY
Pa	in E	Summary									
	1 Bri	efly describe	the organization	on's missio	n or most signif	icant activities: Se	e Sche	dule 0	) <u> </u>		
ø	l						. <del></del>				
Activities & Governance							. <b></b>				
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8	2 Ch					s operations or dispo					
<b>9</b>	3 Nu					VI, line 1a)				_3	11
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⋖					•	(C), line 12				7 a 7 b	
	D IVE	t unrelated b	usiness taxable	e income ir	om Form 990-1	, line 34	· · · · · · · · · · · · · · · · · · ·			_/D	<u>-</u>
		ntributions or	nd aronte /Pari	VIII line 1	h)		,		rior Year , 892, 5	r -7	Current Year
9									688,7		21,079,450. 291,904,990.
Revenue											
<b>∮</b>						10c, and 11e)			$\frac{106,4}{3,810,4}$		303,137.
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≦ <u>}</u>						nes 1-3)		<del></del>	$\frac{1,877,2}{1,416,1}$		43,781,945.
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<b>77</b>		•		•	• • •	e 4)					<u> </u>
້ <sup>ນ</sup> ຊາ			•			K, column (A), lines					
<u>~</u>	<b>16a</b> Pro	ofessional fur	idraising fees	(Part IX, co	dumn (A), line 1	1e)	• • • • • • • • • • • • • • • • • • • •		aftern Later Land	- Fuc + an	
∬,U¢ Expenses	<b>b</b> Tot	tat fundraising	g expenses (Pa	art IX, colu	mn (D), line 25)	<b>•</b>		Example D			两种。但是是是
ш	17 Oth	ner expenses	(Part IX, colui	nn (A), line	es 11a-11d, 11f-	24e)		307	7,793,0	62.	265,027,140.
	18 To	tal expenses.	Add lines 13-	17 (must ec	ual Part IX, col	umn-(A), line 25)			,209,2		308,809,085.
	19 Re				tromuline/12.				668,0		2,297,831.
8 8		<del></del>	<del></del>	- 11		70		<del></del>	ng of Curren		End of Year
Net Assets or Fund Balances	<b>20</b> Tot	tal assets (Pa	art X, line 16)	[		<u> </u> ç			906,8		95, 336, 956.
A P	<b>21</b> Tot		(Part X, line 26	81	B. 1. 9. 2014	ပြုတွဲ			, 633, 2		45,765,493.
\$ 5	22 Ne		-		e 21 from l <u>ine</u> 2				,273,6		49,571,463.
		Signature		AD TOOL III		<u> </u>		1 -1	,215,0	<u>JZ.</u>	43,371,403.
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comp	olete Declar	ation of preparer	(other than officer)	med unsaretum is-based on all	mormation of which	nying schedules and staten preparer has any knowled	ige	ie best of m	iy knowledge	and be	iler, it is true, correct, and
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Sig	ın	Signature of	of officer					Da	ite	19-1	· · · · · · · · · · · · · · · · · · ·
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<u> </u>				<u> </u>	<u>·</u>	see instructions)	·· <u>···</u>	· · · · · · · · ·		••••	· Yes No
BA	A For Pa	perwork Red	uction Act Not	ice, see the	e separate instr	uctions.	TEEA	A0113L 12/	/18/12		Form 990 (2012)

Form	<b>990</b> (2012) University of K	entucky	61-603369	3 Page <b>2</b>
Par		•		(-3
		response to any question in this Part III		X
1	Briefly describe the organization's mis	sion.		
	See Schedule O			
		<del>-</del>		
	Did the average to a condentate and a section	and an area and area discussed by a second subset of the second subset o	ated on the prior	
2	Form 990 or 990-EZ?	cant program services during the year which were not list	sted on the prior	Yes X No
	If 'Yes,' describe these new services of	n Schedule O	. П	ies A No
3	•	, or make significant changes in how it conducts, an	v program services?	Yes X No
J	If 'Yes,' describe these changes on So		y program services	165 A 116
4	Describe the organization's program s Section 501(c)(3) and 501(c)(4) organiza	ervice accomplishments for each of its three largest tions and section 4947(a)(1) trusts are required to report ie, if any, for each program service reported.	program services, as measure the amount of grants and allocat	d by expenses tions to
4 a	(Code ) (Expenses \$ 3)	05, 224, 415. including grants of \$ 43, 78	1,945.)(Revenue \$ 290	0,027,466.)
	To promote scientific, e	educational and development activ	ities at the Univer	sity of
	Kentucky.			
4 b	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
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40	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
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				<del>-</del>
			- <del> </del>	
				<del>-</del> -
4 d	Other program services (Describe in S			
	(Expenses \$		(Revenue \$	
	Total program service expenses ►	305, 224, 415.	<del></del>	Form <b>990</b> (2012)
BAA		TEEA0102L 08/08/12		1 01111 330 (2012)

61-6033693 University of Kentucky Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates X for public office? If 'Yes,' complete Schedule C, Part I 3 **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* Х 4 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 Х 5 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 Х 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 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 Х 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, X permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х D. Part VI 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11 b 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 Х 11 c **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 11 d Х X 11 e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 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 Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete 12a Х Schedule D, Parts XI, and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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, Parts I and IV* Х 14b 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 United States? If 'Yes,' complete Schedule F, Parts II and IV 15 Х 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 United States? If 'Yes,' complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х 17 column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). 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 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х 19

Х

20

20 b

complete Schedule G, Part III

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the Х United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 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 Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 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 Х 23 Schedule J **24 a** 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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25* Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a 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 l Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 Х Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III Х 27 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 Х **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV* Х 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If 'Yes,' complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Schedule N. Part II 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Х and V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a **b** If 'Yes' to line 35a, 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 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 Х 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 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38

BAA

Form **990** (2012)

Check if Schedule O contains a response to any question in this Part V				
		,	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1 a	0		i	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	İ		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<u> </u>	1 c		
2 a 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  2 a	0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b		
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<u> </u>		-	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	<u> </u>	3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)	1)?	4 a		Х
<b>b</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 Account	ts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ solicit any contributions that were not tax deductible as charitable contributions?	ızatıon	6 a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6 b		
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 a services provided to the payor?	nd _	7 a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	,	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	; a	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess busin holdings at any time during the year?	. Did the ness	8		
9 Sponsoring organizations maintaining donor advised funds.			$\neg$	
a Did the organization make any taxable distributions under section 4966?		9 a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<u></u>	9 b		
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12		1		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		- 1	İ	
11 Section 501(c)(12) organizations. Enter			1	
a Gross income from members or shareholders				
b Gross income from other sources (Do not net amounts due or paid to other sources				
against amounts due or received from them ).				
12 a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	_1	2 a		
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? .	1	3a	l	
Note. See the instructions for additional information the organization must report on Schedule O				
b Enter the amount of reserves the organization is required to maintain by the states in				
which the organization is licensed to issue qualified health plans  13b			1	
c Enter the amount of reserves on hand				X
14a Did the organization receive any payments for indoor tanning services during the tax year?	<u> </u>	14 a		
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	1	4b		

Pa	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	or ges i	n	
	Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1 :	If there are material differences in voting rights among members of the governing body at the end of the tax year of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
ł	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		<u></u>
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	_	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	5	_	X
7	a 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?	7 a		х
ı	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8 a	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director or 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		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	zoae.	) Yes	No
10:	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	o 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?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O	12 a	Х	
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13  Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12 a		
	to conflicts?	12 b	X	
•	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O	12 c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	<del>                                     </del>
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?			
;	The organization's CEO, Executive Director, or top management official	15 a	X	
	other officers of key employees of the organization See Schedule O	15 b	X	ļ.,
16	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
	b if 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its	10 a		<u> </u>
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
	List the states with which a copy of this Form 990 is required to be filed KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply.	vailab	le for	public
	Own website Another's website X Upon request Other (explain in Schedule O)			
	Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avail the public during the tax year.  See Schedule 0	able to		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	57-/	759	
BA/	Susan Krauss 301 Peterson Service Building Lexington KY 40506-0005 (859) 2			(2012)

# 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

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

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

Check this box if neither the organization n	or any rela	ted org	ganı	zatio	n cc	mpen	sate	d any current officer, di	rector, or trustee	
				((	<del>)</del>					
(A) Name and Title	(A) Name and Title  (B) Average hours per officer and a conficer a					k more t on is bot or/truste	than h an e)	(D)  Reportable compensation from	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Hollie Swanson	1									
Director	39	Х					1	0.	112,797.	19,666.
(2) William C. Britton	1									
Director	0	X						0.	0.	0.
(3) Henry Jackson	1									
Director	0	Х						0.	0.	0.
(4) Michael Karpf	1									
Director	39	Х						0.	1,123,298.	342,194.
(5) F. Richard Kurzynske	1									
Director	0	Х						0.	0.	0.
(6) Eli Capilouto	1									
President	39	Х		X				0.	503,166.	139,283.
(7) Mark P. Bryant	1						<b> </b>		•	
Director	0	Х						0.	0.	0.
(8) Eric N. Monday	11									
Director	39	X						0.	2,805.	313.
(9) Mark Meier	1									
Director	39	_ X						0.	136,534.	20,649.
(10) James W. Tracy	11									
Vice President	39	X		Х				0.	222,770.	41,938.
(11) Timothy S. Tracy	1									
Director	39	X						0.	328,354.	54,487.
(12) Jack Supplee	1_1_									
Secretary	39			Х				0.	133,934.	18,750.
(13) Angie Martin	1									
Treasurer	39			<u>X</u>				0.	212,560.	42,496.
(14) Erwin Roberts	0	.								
Former Director	0						X	0.	0.	0.

Part VII   Section A. Officers, Directors, Trus		\ey	En			es,	and	d Highest Com	ipensated Empi	oyees	(COI	<u>1t)</u>
	(B)			•	C) sition				<b>(E)</b>		<b>(E)</b>	
(A) Name and title	Average hours	box	, unte	check ess pe	more erson	than is bot	h an	(D) Reportable	<b>(E)</b> Reportable	Es	(F) timated	i
Name and title	per week			.—		or/trus		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amou	int of ot pensation	her on
	(list any	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	1	(W-2/1099-MISC)	(W-2/1099-MISC)	org	om the anizatio	ภ
	for related organiza	recto	uttor	<b>₽</b>	empl	oyee	ৰ্				d related Inization	
	- tions below	, ž	ial tri		oyee	) ag	İ					
	dotted line)	stee	uste		1	l sa						
			()			g	1					
(15) Brent Seales	0				Ì							
Former Director	40	1				1	Х	0.	186,777.		24,1	107.
(16)							Γ					
										_		
(17)	<b>1</b>											
		ļ	<u></u> .		ļ <u> </u>		<u> </u>					
(18)	<b> </b>			ŀ								
400	<u> </u>	ļ				ļ						
(19)		-				}						
(20)		1				-	<u> </u>					
(20)		1										
(21)		1		<u> </u>		<del>                                     </del>		-				
	1											
(22)	<del>                                     </del>	†—										
(23)	1											
(24)		-										
(05)	-					<u> </u>	<u> </u>					
(25)					:			1				
1 b Sub-total	1	L		L	L	l	<b>&gt;</b>	0.	2,962,995.	7	03.8	383.
c Total from continuation sheets to Part VII, Section	n A						<b>•</b>	0.	0.	•	00/	0.
d Total (add lines 1b and 1c)							<b></b>	0.	2,962,995.	7	03,8	383.
2 Total number of individuals (including but not limited to	o those I	sted	abo	ve) v	who	recei	ved	more than \$100,00				
from the organization • 0												
											Yes	No
3 Did the organization list any former officer, director	r oŗ trụs	stee,	key	em	ploy	ee, o	or h	ighest compensat	ed employee	<u> </u>		
on line la? If 'Yes,' complete Schedule J for such										3	X	<del> </del>
4 For any individual listed on line 1a, is the sum of it the organization and related organizations greater	eportab	le co	mpe	ensa If 'Y	ation	and	oth	ner compensation	from			
such individual	ιιαι ψι	50,0	30		, 03	COIII	pici	e concaute 5 to		4	X	
5 Did any person listed on line 1a receive or accrue	compen	satio	n fr	om	any	unre	elate	ed organization or	ındıvıdual			
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	comple	te So	chec	lule	J fo	r suc	ch p	person		5		X
1 Complete this table for your five highest compensations	ated inde	enen	den	t co	ntra	ctors	tha	at received more t	han \$100 000 of			
compensation from the organization. Report compensation	ation for	the c	alen	dar	year	endı	ng v	with or within the or	ganızatıon's tax year			
(A) Name and business addre								(B) Description (	of convec	Compe	C)	\n
Name and business addre								Description	or services	Compe	iisalic	<i></i>
		_										
	· · ·							<del></del>				
<del> </del>			_									
2 Total number of independent contractors (including bu	t not limi	ted to	the	ose I	listed	d abo	ve)	who received more	than		100	
\$100,000 in compensation from the organization							•					
BAA		TEEAC	108L	. 01/2	24/13				<del></del>	Form	990	(2012)

	Check if Schedule O contains a response	to any question	on in this Part VIII			
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lns 1a-1f: \$ h Total. Add lines 1a-1f	, 961, 850. 117, 600.	21,079,450.			
ğ	2a Fees & Contracts Gov Agen 611	.710	258674768.	258674768.		
핑	b Non Governmental Grants 561	.499	32,943,121.	32,943,121.		
M SERVI	c Other Operating Revenues 900	0099	287,101.	287,101.		
8	e			-		
윤	f All other program service revenue g Total. Add lines 2a-2f	<b>-</b>	201004000			
	Investment income (including dividends, into other similar amounts)  Income from investment of tax-exempt bond	erest and	291904990. 52,679.			52,679.
	5 Royalties	a proceeds	1,641.			1,641.
	6 a Gross rents b Less rental expenses c Rental income or (loss)	(II) Personal				
	d Net rental income or (loss)	(1) Olha-				
	7 a Gross amount from sales of assets other than inventory  (i) Securities 250, 458.	(II) Other				
	b Less: cost or other basis and sales expenses c Gain or (loss) 250, 458.					
	d Net gain or (loss)		250,458.			250,458.
OTHER REVENUE	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c)  See Part IV, line 18		230,430.			230, 430.
Æ	b Less direct expenses b					
5	c Net income or (loss) from fundraising event	ts ►				
	9a Gross income from gaming activities See Part IV, line 19	<u>.                                    </u>				
	<b>b</b> Less direct expenses <b>b</b>					ļ
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances					
	<b>b</b> Less cost of goods sold <b>b</b>				·	
	c Net income or (loss) from sales of inventory				<del></del>	
		usiness Code				
		2900	1,957,457.		- "	1,957,457.
	b Unrealized Loss 523	3000	-4,139,759.		<del></del>	-4,139,759.
	c					
	d All other revenue .	_	<del></del>			
	e Total. Add lines 11a-11d	•	-2,182,302.			
	12 Total revenue. See instructions	▶	311106916.	291904990.	Ω	1-1,877,524.

#### 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) Check if Schedule O contains a response to any question in this Part IX (A) Total expenses Do not include amounts reported on lines 6b. Fundráising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 43,781,945. 43,781,945 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 0 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0. 0. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management 1,292,890 4,493 1,288,397 **b** Legal 20,400. c Accounting 20,400 **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amt exceeds 10% of line 25, col-5,925,362 5,922,201 3,161 umn (A) amt, list line 11g expenses on Sch O) Advertising and promotion 13 Office expenses 19,260,385 19,128,519 131,866. Information technology 39,148 357,977 318,829 15 Royalties Occupancy 16 2,063,893 1,916,538 147,355 17 Travel 6,701,812. 6,537,683 164,129 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 172,125 176,535 4,410 20 Interest 4,305 4.305 21 Payments to affiliates 22 Depreciation, depletion, and amortization 24,061 24,061 23 55,675 37,183 18,492 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 152,997,839 152, 324, 183 a Salary, Benefits & Tax Reimb. 673,656 b <u>Subcontractors</u> 60,927,960 60,696,476 231,484 4,614,072 41,095 c Equipment 4,655,167 **d** Administrative 4,138,473 4,135,160 3,313 e All other expenses 817,764 6,424,406 5,606,642 25 Total functional expenses Add lines 1 through 24e 308,809,085 305, 224, 415 3,584,670 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation
Check here ► ☐ if following
SOP 98-2 (ASC 958-720)

Part X

**Balance Sheet** Check if Schedule O contains a response to any guestion in this Part X (A) Beginning of year (B) End of year 37,650,450 1 45,680,471. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 32,529,037. Accounts receivable, net 41,460,735 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 1,610,470 1,629,274. 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 3,426,229 10b 10 c b Less accumulated depreciation 668,717 2,781,574 2,757,512. Investments - publicly traded securities. 3,598,169. 11 3,808,971. 12 888,710. Investments - other securities. See Part IV, line 11 3,869,393. Investments - program-related See Part IV, line 11 13 13 7,936,076. 8,042,981. 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 98,906,867 95,336,956. 16 17 Accounts payable and accrued expenses 16,591,846 10,805,412. 17 18 Grants payable 18 31,521,248 19 32,829,534. 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 3,520,141 2,130,547. 26 26 Total liabilities. Add lines 17 through 25 51,633,235 45,765,493 Organizations that follow SFAS 117 (ASC 958), check here > and complete lines 27 through 29, and lines 33 and 34. 27 ASSETS 27 Unrestricted net assets 28 28 Temporarily restricted net assets Permanently restricted net assets 29 29 P X Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. FUZD 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 2,781,574 2,757,512. 32 Retained earnings, endowment, accumulated income, or other funds 44,492,058 32 <u>46,813,951.</u> 33 Total net assets or fund balances 33 47,273,632 49,571,463. 34 Total liabilities and net assets/fund balances 98,906,867 34 95,336<u>,956.</u>

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Form 990 (2012)

orm <b>990</b> (2012) University of Kentucky	01-00336	93	Pag	ge ız
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI				
1 Total revenue (must equal Part VIII, column (A), line 12)	1	311,1	06,9	16.
2 Total expenses (must equal Part IX, column (A), line 25)	2	308,8	09,0	85.
3 Revenue less expenses Subtract line 2 from line 1	3		97,8	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	47,2	73,6	32.
5 Net unrealized gains (losses) on investments	5		_	
6 Donated services and use of facilities	6			
7 Investment expenses	7			
8 Prior period adjustments	8			
9 Other changes in net assets or fund balances (explain in Schedule O) .	9			0.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,5	71,4	63.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				П
		-	Yes	No
1 Accounting method used to prepare the Form 990 Cash X 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?		2 a		Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or separate basis, consolidated basis, or both	reviewed on a			
Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?		2 b	Х	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a	separate			
basis, consolidated basis, or both				
Separate basis Consolidated basis X Both consolidated and separate basis				
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ne audit,	2 c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O				
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3 Audit Act and OMB Circular A-133?	Single	3 a	Х	
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired audit	3 b	x	
of dudies, explain why in concedure of and describe dry steps tarken to disdense death addition			990 (	2012

#### SCHEDULE A (Form, 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

University of Kentucky Research Foundation

**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

2012

Open to Public Inspection

Employer identification number

61-6033693

Part	l Rea	ason for Pub	lic Charity Status	(All organizations	must o	comple	te this	part.)	<u>See ı</u>	<u>nstructi</u>	ons.		
The c	rganızatı	on is not a priva	ate foundation because	e it is (For lines 1 thro	ugh 11,	check o	nly one	box )					
1	A ch	urch, conventio	n of churches or assoc	iation of churches des	cribed ir	section	n 170(b)	(1)(A)(i)					
2	A sc	hool described i	n section 170(b)(1)(A)	<b>(ii).</b> (Attach Schedule E	Ξ.)								
3	A ho	spital or a coop	erative hospital service	e organization describe	ed in <b>sec</b>	tion 17	0(b)(1)(A	\)(iii).					
4	A me	edical research	organization operated	in conjunction with a h	nospital o	describe	d in sec	tion 17	0(b)(1)(	<b>A)(iii)</b> En	iter the hos	pital's	;
	nam	e, city, and stat	e										
5	닏 170(	<b>b)(1)(A)(iv)</b> . (Co	ated for the benefit of a complete Part II)	-	•	_	_		l unit de	scribed in	section		
6	L		ocal government or go										
7	片in se	ction 170(b)(1)(	normally receives a subs (A)(vi). (Complete Part	H) ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		_	ental un	ıt or fron	1 the gei	neral publ	ic described	1	
8	_	-	escribed in section 17			•							
9	relate unrela (Con	ed to its exempt to ated business taxato aplete Part III)	ormally receives (1) more functions — subject to ce ple income (less section 51)	rtain exceptions, and (2 I tax) from businesses acq	t) no mor uired by th	e than 3 ne organiz	3-1/3% c ation afte	of its sup er June 30	port fror ), 1975 S	n gross in	ivestment ir	m activ icome	/ities and
10	$\Box$		anized and operated ex	•		-			• •				
11	Supp	orted organizatio	zed and operated exclusions described in section to the complete lines	509(a)(1) or section 509	perform (a)(2) Se	the func ee <b>sectio</b>	tions of, on 509(a)	or carry (3). Che	out the p ck the bo	ourposes of the contract of th	of one or mo scribes the	re publ type of	licly f
	aΣ	Type I I	Type II c	Type III - Function	nally inte	grated	(	a 🗍 -	Type III	– Non-fu	unctionally	ıntegr	ated
е		hecking this box than foundation on 509(a)(2)	k, I certify that the organization managers and other that	nization is not control n one or more publicly s	led direction	tly or in	directly ations d	by one escribed	or more	e disquali on 509(a)	fied persor (1) or	ıs	
f	If the		eived a written determin	ation from the IRS that	ıs a Type	I, Type	II or Typ	e III sup	porting (	organızatı	on,		X
g	Sinc	e August 17. 20	06, has the organization	on accepted any gift of	r contrib	ution fr	om anv	of the fe	ollowing	persons	?		
-		<b>3,</b>	,	<b>. . . .</b>			- · · · · · · · · · · · · · · · · · · ·					Yes	No
	(i)	A person who below, the gov	directly or indirectly co erning body of the sup	ntrols, either alone or ported organization?	togethe	r with pe	ersons d	lescribe	d ın (ıı)	and (III)	11 g (i)		Х
	(ii)	A family memb	per of a person describ	ed in (i) above?							11 g (ii)		Х
	(iii)	A 35% controll	ed entity of a person of	lescribed in (i) or (ii) a	bove?						11 g (iii)		Х
h			g information about the								,		
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the cation in in income	(v) Did yo the organ column ( supp	ization in	organiz colu organiz	Is the zation in mn (i) ed in the S ?	(vii) Amoun sup	t of mon	etary
					Yes	No	Yes	No	Yes	No			
				<del></del> -								·	
(A)	Unive	rsity of K	Y 61-6001218	6							43,7	81,9	45.
(B)													
(C)													
(D)													
(E)													
<u> </u>		<u>-</u>		<del>-</del> -	1	-		<del>                                     </del>	<del></del>	╁──┼			
Total											43,7		
BAA	For Pape	erwork Reduction	on Act Notice, see the	Instructions for Form	990 or 9	990-EZ.			Schedule	A (Form	990 or 990	-EZ) 2	2012

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

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

Sec	tion A. Public Support										
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(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	<b>Public support.</b> Subtract line 5 from line 4						_				
Sec	tion B. Total Support		·								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> 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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)										
11	<b>Total support.</b> Add lines 7 through 10										
12	Gross receipts from related activ	vities, etc (see ins	structions)			12					
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's fırst, second, th	nird, fourth, or fifth t	tax year as a sectio	n 501(c)(3)	▶ 🗍				
	tion C. Computation of Pu	<del></del>									
	Public support percentage for 20	-		ne 11, column (f))	1	14	<u>%</u> 				
	Public support percentage from		,	•		15					
16 a	a 33-1/3% support test — 2012. If and stop here. The organization	the organization qualifies as a pu	did not check the blicly supported c	box on line 13, a brganization	nd the line 14 is 3	3-1/3% or more, ch	neck this box				
t	<b>b 33-1/3% support test</b> – <b>2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization										
17 a	7a 10%-facts-and-circumstances test — 2012. 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.										
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-and-circumstances'	and-circumstance test The organiz	es' test, check this ation qualifies as	box and <b>stop her</b> a publicly support	<b>'e.</b> Explain in Part i' ed organization	V how the ▶				
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check the	s box and see instr	ructions				
BAA					Sch	nedule A (Form 990	or 990-EZ) 2012				

Schedule A (Form 990 or 990-EZ) 2012 University of Kentucky

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checke to qualify under the tests l				to qualify under Pa	art II If the organizat	ion fails
Sec	tion A. Public Support					<u> </u>	<u> </u>
	dar year (or fiscal yr beginning in) >	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(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						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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.)						
Sec	tion B. Total Support				T=x · - · ·		
	dar year (or fiscal yr beginning in) 🟲 📗	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	<b>(f)</b> Total
_	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  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 Ins 9, 10c, 11, and 12)					<u> </u>	·
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3)	) ▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20			ne 13, column (f))	).	15	%
16	Public support percentage from 2	2011 Schedule A,	Part III, line 15			16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	e			
17	Investment income percentage for				ımn (f))	17	%
18	Investment income percentage fi			•		18	્ર
	33-1/3% support tests – 2012. If is not more than 33-1/3%, check				and line 15 is mor as a publicly supp	L	
	<b>33-1/3% support tests – 2011.</b> If Ine 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or I	ine 19a, and line	16 is more than 33	-1/3%, and
20	Private foundation. If the organiz	zation did not che	eck a box on line	14, 19a, or 19b, c	heck this box and	d see instructions	▶ □

Schedule A (	Form 990 or 990-EZ) 2012	<u>University of the University of University of the University of Universit</u>	of Kentucky		61-6033693	Page 4
Part IV	Supplemental Informa Part II, line 17a or 17b (See instructions).	ition. Complete the same and Part III, line	his part to prove 12. Also com	ride the explanations plete this part for an	s required by Part II, line by additional information.	10;
					<b></b>	
						. – – – -
						. – – – -

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

#### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public L

Schedule C (Form 990 or 990-EZ) 2012

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part (I-B. Do not complete Part II-A If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer Identification number University of Kentucky Research Foundation 61-6033693 Parti A: Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Rantil Bi Complete if the organization is exempt under section 501(c)(3). 0. 2 Enter the amount of any excise tax incurred by organization managers under section 4955........ 0. No 4a Was a correction made?..... b If 'Yes,' describe in Part IV. Rattle Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities..... Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ...... Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Yes Did the filing organization file Form 1120-POL for this year?..... No Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-(d) Amount paid from filling organization's funds. If none, enter-0-(b) Address (c) EIN (a) Name (1) (2) (3) (4) (5) (6)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 201	<sup>2</sup> University	of Kentucky		61-603	3693 Page 2
Part II-A Complete if section 501(	the organizatio	n is exempt under se	ction 501(c)(3) a	nd filed Form 5768 (e	lection under
<u>-</u>	<del></del>	gs to an affiliated group (and	l list in Part IV each at	filiated group member's nam	ne,
		d share of excess lobbying		,	,
		cked box A and 'limited co		ly.	
(The term		ving Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence pu	iblic opinion (grass roots lo	obbying).		
<b>b</b> Total lobbying expenditu	ures to influence a	legislative body (direct lobl	bying).		
c Total lobbying expenditu	ures (add lines 1a a	and 1b)	,	-	
d Other exempt purpose e					
e Total exempt purpose e	•	nes 1c and 1d)			
f Lobbying nontaxable am both columns.	nount Enter the am	nount from the following ta	ble in		
If the amount on line 1e, cold	umn (a) or (b) is:	The lobbying nontaxable	amount is		
Not over \$500,000	.,,,,,	20% of the amount on line 1e.			
Over \$500,000 but not over \$1,	000,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess			
Over \$17,000,000	,,	\$1,000,000			
g Grassroots nontaxable a	amount (enter 25%	<del></del>			
h Subtract line 1g from lin					
i Subtract line 1f from line					-
	r than zero on either	line 1h or line 1i, did the org	ganization file Form 47	720 reporting	Yes No
(Som		4-Year Averaging Period to the made a section 501(h) eles below. See the instruction	lection do not have	to complete all of the five	
	Lobb	ying Expenditures During	4-Year Averaging P	eriod	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	(d) 2012	(e) Total
2 a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					

f Grassroots lobbying expenditures

**d** Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 University of Kentucky		<u>-6033</u>	
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).			<del></del>
For each 'Vac' recognize to lines to through to below provide in Bort IV a detailed description	(a	)	(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		Х	<u></u>
d Mailings to members, legislators, or the public?		Х	<u>.                                    </u>
e Publications, or published or broadcast statements?		Х	
f Grants to other organizations for lobbying purposes?		Х	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		145,809.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i Other activities?	L	X	
j Total Add lines 1c through 1i	·		145,809.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5)	, or	
section 501(c)(6).			
- W			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) answered 'Yes.'	Part II	, or se I-A, lin	e 3, is
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2 a	
<b>b</b> Carryover from last year		2 b	
		2 c	
c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	<del></del>
Part IV   Supplemental Information			
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 2; and Part II-B, line 1 Also, complete this part for any additional information	Part II-A	(affiliat	ed group list);

#### 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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization		Employer identification number
University of Kentucky Research Foundation		61-6033693
Part I Organizations Maintaining Donor	Advised Funds or Other Similar Funds of	<b>r Accounts.</b> 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 are the organization's property, subject to the organization.	advisors in writing that the assets held in donor adganization's exclusive legal control?	Ivised funds Yes No
6 Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writing that grant funds can the donor or donor advisor, or for any other purpor	be used only se conferring Yes No
	te if the organization answered 'Yes' to Fo	orm 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the	ne organization (check all that apply)	
Preservation of land for public use (e g , reci		istorically important land area
Protection of natural habitat	Preservation of a cer	rtified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization held	d a qualified conservation contribution in the form of a c	conservation easement on the
last day of the tax year	Γ	Held at the End of the Tax Year
a Total number of conservation easements.		2a
	<u> </u>	2 b
<ul> <li>b Total acreage restricted by conservation easeme</li> <li>c Number of conservation easements on a certifier</li> </ul>		2 c
d Number of conservation easements included in ( structure listed in the National Register		2 d
3 Number of conservation easements modified, transfet tax year ►	erred, released, extinguished, or terminated by the orga	anization during the
4 Number of states where property subject to conserva	ation easement is located •	
and enforcement of the conservation easements		∐ Yes
<b>-</b>	pecting, and enforcing conservation easements during	
7 Amount of expenses incurred in monitoring, inspecti ►\$	ng, and enforcing conservation easements during the y	rear
8 Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of section 1	70(h)(4)(B)(ı) Yes No
9 In Part XIII, describe how the organization reports or include, if applicable, the text of the footnote to conservation easements	onservation easements in its revenue and expense stati the organization's financial statements that describ	ement, and balance sheet, and es the organization's accounting for
Part III Organizations Maintaining Collect	ions of Art, Historical Treasures, or Othe ered 'Yes' to Form 990, Part IV, line 8.	er Similar Assets.
1 a If the organization elected, as permitted under S art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial	for public exhibition, education, or research in furtheral	atement and balance sheet works of nce of public service, provide,
b If the organization elected, as permitted under S historical treasures, or other similar assets held for p following amounts relating to these items	FAS 116 (ASC 958), to report in its revenue statem public exhibition, education, or research in furtherance	nent and balance sheet works of art, of public service, provide the
(i) Revenues included in Form 990, Part VIII, Iir	ne 1	<b>►</b> \$
(ii) Assets included in Form 990, Part X		<b>►</b> \$
2 If the organization received or held works of art, hist amounts required to be reported under SFAS 11	orical treasures, or other similar assets for financial ga 6 (ASC 958) relating to these items	in, provide the following
a Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
<b>b</b> Assets included in Form 990, Part X		<b>►</b> \$

Schedule D (Form 990) 2012 Univer	ersity of Ker ning Collection	tucky s of Art, Histo	orical	Treasures, or	61-603 Other Similar Ass	
3 Using the organization's acquisition						
items (check all that apply)  a  Public exhibition		d 🗀 Loan	or excl	nange programs		
b Scholarly research		e Other		nange programs		
c Preservation for future general	ations					
4 Provide a description of the organiz Part XIII		d explain how they	y furthe	r the organization's	s exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or receiv ian to be maintaine	e donations of ard	rt, histo organiz	orical treasures, o ation's collection	r other similar assets	Yes No
Part IV Escrow and Custodial Arra reported an amount or	angements. Compl	ete if the organiz				e 9, or
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian, or o	ther intermediary	y for co	entributions or oth	er assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII and coi	mplete the follow	ıng tab	le		
						Amount
c Beginning balance					1 c	
<b>d</b> Additions during the year					1 d	
e Distributions during the year					1 e	
f Ending balance	. =		_		11	<del></del>
2 a Did the organization include an a		•			Dt VIII	∐ Yes
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII Check	nere if the explai	ntion n	as been provided	in Part XIII	
Part V Endowment Funds. C	omplete if the o	roanization ar	ISWer	ed 'Yes' to Fo	rm 990 Part IV Jun	<u>e 10</u>
Lindowineit i dids.	(a) Current	(b) Prior year		(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance.	3,546,270			3,291,82		<del></del>
<b>b</b> Contributions	3,715		316.	2,99		
6 Not investment cornings, going					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
c Net investment earnings, gains, and losses	-279,422	86,8	354.	545,264	321,557	-966,184.
<b>d</b> Grants or scholarships						
e Other expenditures for facilities and programs	16,275	. 91,5	530.	96,77!	5. 103,704	84,295.
f Administrative expenses	9,334	. 8,9	34.	13,53	5. 17,002	. 16,579.
<b>g</b> End of year balance	3,803,799	. 3,546,2	270.	3,729,772	2. 3,291,821	3,089,331.
2 Provide the estimated percentage	of the current yea	r end balance (lir	ne 1g,	column (a)) held	as'	
a Board designated or quasi-endowment		<u>6.13</u> %				
<b>b</b> Permanent endowment ►	93. <u>87</u> %	_				
c Temporarily restricted endowmen		%				
The percentages in lines 2a, 2b,	and 2c should equa	1 100%				
3 a Are there endowment funds not in the organization by	ne possession of the	organization that a	are held	d and administered	for the	Yes No
(i) unrelated organizations						3a(i) X
(ii) related organizations						3a(ii) X
<b>b</b> If 'Yes' to 3a(II), are the related of	-	•				3b X
4 Describe in Part XIII the intended					t XIII	
Part VI Land, Buildings, and						(ND al calca
Description of property		ost or other basis investment)		Cost or other asis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				2,336,455.		2,336,455.
<b>b</b> Buildings				1,089,774.	668,717.	421,057.
c Leasehold improvements						
<b>d</b> Equipment						
e Other			Ĺ <u>,</u>	(7)		0 757 510
Total. Add lines 1a through 1e (Column	n (a) must equal Fo	orm 990, Part X,	column	i (B), iine IU(C) )	Sahad	2,757,512. ule <b>D</b> (Form 990) 2012
PA4					Julieu	010 - (1 01111 JJU) 2012

(10)

(11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

2, 130, 547.

2. FIN 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

BAA

TEEA3303L 12/23/12

Schedule D (Form 990) 2012

(9)

Schedule D (Form 990) 2012 University of Kentucky		<u>61-603</u>	3693 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per	r Return	
1 Total revenue, gains, and other support per audited financial statements		1	311, 106, 916.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments	2 a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	311,106,916.
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		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	311,106,916.
Part XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses r	er Retur	
1 Total expenses and losses per audited financial statements		1	308,809,085.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			, ,
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d	\	2 e	
3 Subtract line 2e from line 1		3	308,809,085.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		, ,
a Investment expenses not included on Form 990, Part VIII, line 7b.	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	308,809,085.
Part XIII Supplemental Information	···		1/2-1/2
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Paline 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also compart V, Line 4 - Intended Uses Of Endowment Fund	art III, lines 1a and 4, Par iplete this part to provide	t IV, lines any additio	1b and 2b, Part V, onal information
To support the program in carrying out the instruct	tion, research a	nd publ	ic_service
activities			
~	- <b>-</b>		_ <b>_</b>
	<b></b>		
BAA		Cabad	do <b>D</b> (Farm 000) 0010
DAA		Schedu	ule <b>D</b> (Form 990) 2012

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Employer identification number Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. University of Kentucky Research Foundation 限数相關 General Information on Grants and Assistance

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: the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and issistance?	monitoring the use of grant funds in the United States.
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gran	fgra
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限就的場合rants 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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) <u>Oniversity of Kentucky</u>	61-6001218		43,781,945.	0.0	0. Cost		Scholarships, Capital Purchases
(2)							
(6)							
(4)							
( <del>5)</del>							
(6)							
<u>@</u>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	(3) and government or tions listed in the line	rganizations listed	ın the line 1 table				0
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruction	s for Form 990.		TEEA3901L 11/30/12	11/30/12	Schedu	Schedule I (Form 990) (2012)

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other 61-6033693 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients University of Kentucky additional information. (a) Type of grant or assistance Schedule I (Form 990) (2012) Part III Part IV

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Schedule I (Form 990) (2012)

## SCHEDULE J

**Compensation Information** 

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

OMB No 1545-0047

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

61-6033693 University of Kentucky Research Foundation **Questions Regarding Compensation** Partil No Yes 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain ........... 1 b 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 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 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?..... b Participate in, or receive payment from, a supplemental nonqualified retirement plan?..... 4 b 4 c c Participate in, or receive payment from, an equity-based compensation arrangement?..... If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: 5 a a The organization?..... b Any related organization?..... 5 b If 'Yes' to line 5a or 5b, describe in Part III. 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?.......... 6 a b Any related organization? 6 b If 'Yes' to line 6a or 6b, describe in Part III. 7 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III...... Х If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Page 2

Schedule J (Form 990) 2012 University of Kentucky

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual

		(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation	3 compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(i) Base compensation	(II) Bonus and incentive compensation	(iii) Other reportable compensation	deferred compensation	Sillellis	(a)-(ı)(a)s(ıı)-(a)	deferred in prior Form 990
Michael Karpf	ε	0.	0.			0.	0.	0.
1 Director	(ii)	789,026.		334,272.	333,423.	8,771.	1,465,492.	0.
Eli Capilouto	Θ	0.	0	0		0.		0 0
2 President	(ii)	496, 750.		6,416.	125,000.	14, 283.	642, 449.	0.
Mark Meier	Θ	T-0	-0	ļ	i	0.	!   !	-0
3 Director	(ii)	111,176.		25, 358.	13,850.	6, 799.	157, 183.	0.
James W. Tracy	Θ	0	0	0	i	0.		
V.2	(ii)	221,384.		1,386.	33,750.	8,188.	264,708.	0.
Timothy S. Tracy	Θ	0	0	0	0 0	0.		0.
	(ii)	324,532.			44,863.	9, 624.	382,841.	0.
plee	Θ	0.	0	0		0.	0	0 0
	(ii)	-132,569.		1,365.	13,422.	5, 328.	152, 684.	0.
tin	Θ	0.	0	0	0	0.		0
7 Treasurer	(ii)	210,758.		1,802.		4	255,056.	0.
Brent Seales	Ξ	0	0		0	0.	     	0.
8 Former Director	(E)	94,524.		92,253.	14,744.	9, 363.	210,884.	0.
	Ξ	1 1 1	         	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !			1 1 1	 
6	€							
	Ξ	           	           	         	         	           	         	         
10	€							
	Ξ	         	           	         	         	             		         
11	€							
	Ξ	<del>-  </del>	1   1   1   1   1   1   1   1   1   1		         	! ! ! ! !		
12	€							
	Ξ	           	           		1			1 1 1 1 1 1 1 1 1
13	Ξ							
	Θ	         		           	           		         	         
14	(ii)							
	€		              	         	 	,           	 	         
15	€							
	<b>E</b>		1 1 1 1 1 1		1 1 1 1 1 1 1 1			         
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#### **SCHEDULE 0** (Form-990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

University of Kentucky 61-6033693 Research Foundation Form 990, Part I, Line 1 The program serves as the university's agent in the receipt of all external grants and contracts, intellectual property income and other designated income; oversees the protection, development and commercilization of intellectual properties; and manages special cooperative agreements. The University of Kentucky operates the corporation as a cost center within its consolidated financial statements. The amounts reflected on this return are for the University of Kentucky Research Foundation department cost center and include funds deposited or disbursed directly by the University under its Employer Identification Number (EIN) rather than that of the corporation. Independent contractors if applicable are paid under the University's EIN and 1099's are issued under University's EIN as well. Form 990, Part III, Line 1 - Organization Mission The program serves as the university's agent in the receipt of all external grants and contracts, intellectual property income and other designated income; oversees the protection, development and commercilization of intellectual properties; and manages special cooperative agreements. Form 990, Part VI, Line 11b - Form 990 Review Process Form 990 provided to Board Finance Committee members for review and acceptance. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts The organization is administered in accordance with policies and procedures that govern the University of Kentucky. The University's Ethical Principles and Code of Conduct defines the University's core value and establishes guidelines for professional conduct including conflict of interest. All University members shall avoid conduct that might in any way lead members of the general public to conclude that he or she is using an official position to further professional or private Schedule O (Form 990 or 990-EZ) 2012 TEEA4901L 12/8/12 BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization University of Kentucky	Employer identification number
Research Foundation	61-6033693
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflic	ts (continued)
interests or the interests of any members of his or her family	. In conducting or
participating in any transaction, full disclosure of any real	or perceived conflict
with personal interests and removal from further participation	in such matters is
required.	
Administrative Regulation II-4.0-4 Conflict of Interest and Fig.	nancial Disclosure
Policy - Research sets forth specific relationships and activity	ties that pose a
potential_conflict_of_interest_for_faculty, staff, and students	s_involved_in_research
and related activities. After disclosure, the University can ma	ake an informed
judgment about a particular activity and require appropriate or	versight, limitations,
or prohibitions in accord with this policy.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers	& Key Employees
University President	
The University President's compensation is established and app	roved_by_the_Board_of
Trustees of the University of Kentucky. The President is offer	red a multi-year
contract which outlines base salary, variable pay, benefits and	d other perquisites.
This total compensation package is benchmarked with other land	grant institutions
with academic medical centers.	
Other University Executives	
The university employs executives and athletic coaches in non-	graded exempt
positions. Other than the President, these executives/coache	s_are_presented_with
an offer letter that outlines their base salary, variable pay	(if applicable) and
	7

Name of the organization University of Kentucky Research Foundation	Employer identification number 61-6033693
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Offi	cers & Key Employees (continued)
the same level as staff employees. Retirement contribution	s by the institution for
senior executives may be at a higher level (e.g. 15% employ	yer contribution) for some
executives. Base salaries and variable pay are benchmarked	with the universities'
benchmark institutions, in addition to regional and nation	al health care and
business entities. Total compensation offered to these ex	ecutive individuals and
coaches is approved by the President of the university or l	his designee, Athletics
Director if coach compensation is less than \$75,000.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Availa	ble
Governing documents, policies and financial statements are	disclosed on the
University of Kentucky's website.	
The organization is administered in accordance with policion	es and procedures that
govern the University of Kentucky. The University's Admini	strative Regulations and
policies are published on the University's website at www.	uky.edu . The
organization's financial statements are available at	
www.uky.edu/evpfa/controller/finst	
Form 990, Part X, Balance Sheet	<del></del>
Certain reclassifications have been made to the fiscal year 2012 finar	ncial statement amounts to
conform to the fiscal year 2013 financial statements. Certain transac	tions previously reported
as reductions of cash and cash equivalents are now being reported a	s accounts payable and
accrued liabilities in the Statements of Net Position.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

University of Kentucky Research Foundation

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.

2012

OMB No 1545-0047

Open to Public Inspection

Employer identification number

61-6033693

Part I Identification of Disregarded Entities (Complete If		he organization answered 'Yes' to Form 990, Part IV, line 33.)	s' to Form 990,	Part IV, line 3	33.)		
(a) Name, address, and EIN (if applicable) of disregarded entity	thty Primary activity		(c) (c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
(1) Kentucky Technology Inc. - Box 24138	 Markets Products of Research		KY	0.	9,370,032		N/A
(2) Coldstream Laboratories Inc	Manufacture Pharmaceutical Products		KY	0.	9, 289, 111		N/A
(3)							
Part II Identification of Related Tax-Exempt Organizations (		(Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had the tax year.)	answered 'Yes	s' to Form 990	, Part IV, line 3	4 because	e it had
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501 (c)(3))	tatus Direct controlling entity		<b>6</b> 000
							Yes No
(1) University of Kentucky -301 Peterson Service Building Lexington, KY 40506-0005 61-6001218	Higher Education	KY	9		Yes	Si	×
	-						
(6)							
				•			
(4)							

Schedule R (Form 990) 2012

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Schedule R (Form 990) 2012 University of Kentucky Research Foundation

(i) Sec 512(b)(13) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.) General or managing partner? ŝ (h) Percentage Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) **(g)** Share of end-of-(h)
Disproportionate
allocations? ŝ Yes Share of (g) Share of end-of-year assets Type of entity (f) Share of total income (d) Direct Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity | Legal domicile | (c) (d)
Direct
controlling
entity (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Part III Part IV € 8 ල

	(state or toreign	controlling	(State or foreign controlling (C corp, S corp, total income	total income	year assets ownership controlled entity?	ownership	controlled e	ıtıty?
	(famos	cinity.	Com in lo				Yes	શ
(i)								
(2)								
							-	
( <u>3)</u>								
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Schedule R (Form 990) 2012 University of Kentucky Research Foundation

[Part V] Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No.
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 b		×
c Gift, grant, or capital contribution from related organization(s)	•		2	×	
d Loans or loan quarantees to or for related organization(s)			19	×	
e Loans or loan guarantees by related organization(s)			_ 		×
			1		
f Dividends from related organization(s)	٠		1		×
g Sale of assets to related organization(s)			1g		×
h Purchase of assets from related organization(s)			두		×
i Exchange of assets with related organization(s)			=		×
j Lease of facilities, equipment, or other assets to related organization(s)			i_		×
k Lease of facilities, equipment, or other assets from related organization(s)			1 k		×
! Performance of services or membership or fundraising solicitations for related organization(s)		•	-		×
m Performance of services or membership or fundraising solicitations by related organization(s)			-		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			L L		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>			- 1		×
<b>p</b> Reimbursement paid to related organization(s) for expenses			1 p	×	
q Reimbursement paid by related organization(s) for expenses			19		$ \times $
					ļ
r Other transfer of cash or property to related organization(s).			-		×
s Other transfer of cash or property from related organization(s)			15		×
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	d relationships and tran	saction thresholds			
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining	determ	ining Pa
	(s.p) addi		allouir	200	2
(3)			:		
(2)					
•					
(3)					
(4)					
(5)					
(9)					
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University of Kentucky Research Foundation

Radiviral Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

(k) Percentage ownership (i) General or managing partner? ž Yes 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 Code V-UBI amount in box 20 of Schedule K-1 Form (1065) (h)
Disproportionate
allocations? ŝ Yes (g) Share of end-of-year assets (f) Share of total income (e)
Are all partners section 501(c)(3) organizations? ટ Predominant Are all par income (related, unrelated, excluded from tax under section 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of entity -1 1 I ١ I 1 ١ €, @¦ Ξ¦ ئ ୍ର ତ୍ର 6 <u>@</u>¦

Schedule R (Form 990) 2012

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Comp (see i	emental Information lete this part to provide additional information for responses to questions on Schedule R instructions).	
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Schedule **R** (Form 990) 2012

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