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DLN: 93493131036897

OMB No 1545-0047

Department of the

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Return of Organization Exempt From Income Tax

Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.IRS gov/foim990

	al Revenue Servi	'					
	or the 2015 ca eck if applicable	lendar year, or tax year beging C Name of organization	inning 07-01-2015 , and ending 06-30-20)16	D Empl	over i	dentification number
_	dress change	UNIVERSITY OF CENTRAL FLOR FOUNDATION INC	RIDA			-	
<u> </u>	ame change	Doing business as			59-6	2118	332
<u> </u>	itial return	Doing Dusiness as					
Fi	nal 'terminated		x if mail is not delivered to street address) Room/s	suite	E Teleph	one n	umber
Am	ended return	12424 RESEARCH PARKWAY NO			(407) 882	-1220
Ар	plication pending	City or town, state or province, ORLANDO, FL 32826	, country, and ZIP or foreign postal code		G Gross	racain	ts \$ 91,215,907
		F Name and address of pr	uncipal officer	117-3		-	
		MISTY SHEPHERD	merpar onicer	H(a)	Is this a grou subordinates?		ırn for □ Yes 🔽
		12424 RESEARCH PARK\ ORLANDO,FL 32826	WAY NO 140		No		
 I Ta	x-exempt status	<u> </u>) ◀ (insert no) 4947(a)(1) or 527	Н(b)	Are all subord included?	lınate	Yes No
-	-1 N 1401					h a lis	st (see instructions)
	edsite: > wv	VW UCFFOUNDATION ORG		H(c)	Group exemp	tion r	number 🕨
K Form	n of organization	✓ Corporation Trust As	ssociation Other ►	L Ye	ar of formation 1	968	M State of legal domicile FL
Pa	rt I Sum	ımarv					
1 4			sion or most significant activities				
			GES, STEWARDS AND CELEBRATES CHA				
			RSITY OF CENTRAL FLORIDA THE UCF THE MISSION AND VISION OF THE UN				
e e			JGH THE FOUNDATION, PRIVATE SUPP				
ž	MAJORM	ETROPOLITAN UNIVERSI	TY				
E							
ě.							
Ğ	2 Check th	nis box ▶ ┌ if the organization	on discontinued its operations or disposed	d of more	than 25% of it	s net	assets
>5		,					i
Affie M		-	verning body (Part VI, line 1a)			3	34
Activities & Governance			ers of the governing body (Part VI, line 1b	•		4	31
4			d in calendar year 2015 (Part V, line 2a)			6	600
		•	m Part VIII, column (C), line 12			7a	95,752
			e from Form 990-T, line 34			7b	
			,		Prior Year		Current Year
	8 Contr	ibutions and grants (Part VII	II, line 1h)		29,500	,099	41,260,393
ĝ	9 Progr	am service revenue (Part VI)	II, line 2g)		2,829	,540	2,798,419
Ravenue	10 Inves	tment income (Part VIII, co		35,325	,400	1,160,526	
æ		,	(A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,496	,514	3,536,273
	12 Total 12)	revenue—add lines 8 througl	h 11 (must equal Part VIII, column (A), lı	ne	71,151	,553	48,755,611
		s and sımılar amounts paıd (Part IX, column (A), lines 1-3)		16,514	,950	16,738,423
	14 Benef	its paid to or for members (P	art IX, column (A), line 4)			0	0
S			ployee benefits (Part IX, column (A), lines		10,006	,451	10,286,460
Expenses	5-10 16a Profe	,	t IX, column (A), line 11e)		478	,967	543,734
e d		undraising expenses (Part IX, colum			170	,,,,,,	3 13 77 3 1
ā			(A), lines 11a-11d, 11f-24e)	. —	6,326	,881	8,851,272
			(must equal Part IX, column (A), line 25)		33,327	,249	36,419,889
	19 Rever	nue less expenses Subtract	line 18 from line 12		37,824	,304	12,335,722
Net Assets or Fund Balances				Begin	ning of Current	Year	End of Year
sets	20 Total	assets (Part X, line 16) .			289,988	.145	301,233,535
A As		liabilities (Part X, line 26)			32,596		29,982,558
ξŞ	22 Net a:	ssets or fund balances Subt	ract line 21 from line 20		257,391	,980	271,250,977
		nature Block		•			
			e examined this return, including accompa				
	irer has any k		complete Declaration of preparer (other	tilali ollic	er) is based or	ı alı il	morniation of which
	T k						
Ci	*** Sign	** * ature of officer			2017-05-11 Date		
Sign Here	- I.	ry shepherd cfo					
	1113	e or print name and title					
	1-	Print/Type preparer's name FHERESA A BURDINE CPA	Preparer's signature THERESA A BURDINE CPA	Date	Check I if	PTIN	N 362629
Paid)		THE CONTROL OF A		self-employed		
	parer 📙	Firm's name RSM US LLP Firm's address 7351 OFFICE PAR	K PL		Phone no (32		
Use	Only	Jose Office (FIN			15.15 110 (32	_, , , , , 1	

MELBOURNE, FL 32940

. ✓Yes No

THE UCF FOUNDATION ENCOURAGES, STEWARDS AND CELEBRATES CHARITABLE CONTRIBUTIONS FROM ALUMNI AND FRIENDS

7,231,692) (Revenue \$

3,202,860) (Revenue \$

3,519,766) (Revenue \$

the prior Form 990 or 990-EZ? . . If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by

) (Expenses \$

) (Expenses \$

expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,

the total expenses, and revenue, if any, for each program service reported

7,296,194 including grants of \$ ATHLETICS EXPENSES PAID IN SUPPORT OF THE UNIVERSITY OF CENTRAL FLORIDA ATHLETICS PROGRAM ENHANCE THE OVERALL ACADEMIC AND ATHLETIC EXPERIENCE FOR STUDENTS AND HELPS PROVIDE FUNDS NECESSARY FOR UCF ATHLETICS TO CONTINUE DEVELOPING A NATIONALLY COMPETITIVE ATHLETICS.

5,359,248

PROGRAM FUNDS ASSIST UCF ATHLETICS IN PROVIDING THE RESOURCES NECESSARY FOR UCF STUDENT ATHLETES TO SUCCEED IN THE CLASSROOM AND IN

including grants of \$

3,563,836 including grants of \$

4c (Code) (Expenses \$

EXPERIENCE OPPORTUNITIES, CURRICULUM DEVELOPMENT, INTERNSHIPS, INTERDISCIPLINARY WORK, EXPERIENTIAL LEARNING, AND ACADEMIC ENRICHMENT REQUIRE PRIVATE SUPPORT

UNIVERSITY EMPLOYEES ACADEMIC SUPPORT HELPS THE UNIVERSITY'S OUTSTANDING FACULTY INSPIRE STUDENTS, FOSTER AND ENHANCE STRONG ACADEMIC PROGRAMS. AND SERVE AS A KEY ELEMENT TO INSTITUTIONAL GREATNESS ENDOWED CHAIRS, EMINENT SCHOLARS, AND DISTINGUISHED PROFESSORS ARE PRESTIGIOUS ACADEMIC POSITIONS HELD BY THE UNIVERSITY'S MOST ACCOMPLISHED FACULTY. SPENDING TO SUPPORT THESE POSITIONS MEANS THAT ACADEMIC EXCELLENCE WILL BE MAINTAINED AND SUPPORT FOR RESEARCH PROJECTS AND INNOVATIVE PROGRAMS ARE AT THE HEART OF THE UCF LEARNING

ACADEMIC EXPENSES PAID IN SUPPORT OF THE UNIVERSITY OF CENTRAL FLORIDA PROGRAMS INCLUDE FUNDING FOR PROGRAM EXPENSES AND SALARIES FOR

(Code

(Code

COMPETITION

4a

4b

4d

STUDENT AID - THE UCF FOUNDATION IS DEDICATED TO ENRICHING THE LIVES OF UCF STUDENTS, THEREFORE, THE FOUNDATION SOLICITS DONATIONS TO SUPPORT SCHOLARSHIPS TO BENEFIT UCF STUDENTS SCHOLARSHIPS ARE DESIGNED TO REWARD, ENCOURAGE AND ASSIST STUDENTS IN PURSUING ACADEMIC EXCELLENCE SCHOLARSHIPS HELP ATTRACT A DIVERSE STUDENT BODY THAT CONTINUES TO BRING VARIOUS TALENTS AND AMBITIOUS GOALS TO ALL FACETS OF

THE UNIVERSITY SCHOLARSHIP FUNDS ARE TRANSFERRED TO THE UNIVERSITY FOR ADMINISTRATION AND PROCESSING

See Additional Data

Other program services (Describe in Schedule O)

8.129.705 including grants of \$ (Expenses \$ Total program service expenses ▶ 24.348.983

2,784,105) (Revenue \$ 1,024,606)

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Page 2

√No.

TYes √No.

1,851,926)

27,259)

5,866)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 📆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📽	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	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	11 c		No
	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 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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 Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28 a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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

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

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🗦 🕏

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Note. All Form 990 filers are required to complete Schedule O

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

29

30

31

34

37

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Nο

Nο

Νo

Νo

Nο

28c

29

30

31

32

33

34

35a

35b

36

37

38

	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance	е				
		Check if Schedule O contains a response or note to any line in this	Part	<u>V</u>	<u></u>		. 🗸
4	Entart	the number reported in Box 2 of Form 1006 Enter 0 of materialists	10	ا م		Yes	No
		the number reported in Box 3 of Form 1096 Enter -0- if not applicable the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 1b	88			
С		e organization comply with backup withholding rules for reportable payments to g (gambling) winnings to prize winners?	vend •	ors and reportable	1 c	Yes	
2a	Tax St	the number of employees reported on Form W-3, Transmittal of Wage and catements, filed for the calendar year ending with or within the year covered section.	2a	O			
b	•	east one is reported on line 2a, did the organization file all required federal emp			2b		
2-		f the sum of lines 1a and 2a is greater than 250, you may be required to e-file	•	, i	-	Vas	
		e organization have unrelated business gross income of \$1,000 or more during s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>	•	'	3a 3b	Yes	
		r time during the calendar year, did the organization have an interest in, or a sig			30	1 65	
	over, a	a financial account in a foreign country (such as a bank account, securities acc nt)?			4a		No
b		s," enter the name of the foreign country 🕨					
	See ins	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank .)	and	Financial Accounts			
5a	Was th	ne organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did an	y taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
c	If"Yes	s," to line 5a or 5b, did the organization file Form 8886-T?					
					5с		
	organiz	the organization have annual gross receipts that are normally greater than \$10 zation solicit any contributions that were not tax deductible as charitable cont	rıbutı	ons?	6a		No
b		s," did the organization include with every solicitation an express statement th ot tax deductible?	at su	ch contributions or gifts	6b		
7	Organi	izations that may receive deductible contributions under section 170(c).					
	service	e organization receive a payment in excess of \$75 made partly as a contribution es provided to the payor?			7a	Yes	
		5," did the organization notify the donor of the value of the goods or services pr			7b	Yes	
С		e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?	ty for	which it was required to	7 c		No
d	If"Yes	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did the	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did the	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7 f		Νo
g	If the o	organization received a contribution of qualified intellectual property, did the or ed?	rganız • •	zation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd	the organization file a	7h		
8	Did a d	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus the year?	sines:	s holdings at any time	8		
9a	Did the	e sponsoring organization make any taxable distributions under section 49667			9a		
b	Did the	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson ⁷	9 b		
10	Section	n 501(c)(7) organizations. Enter			Ţ		
		ion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facilitie	receipts, included on Form 990, Part VIII, line 12, for public use of club es	10b				
11	Section	n 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		Income from other sources (Do not net amounts due or paid to other sources t amounts due or received from them)	11b				
12a	Section	n 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990.	ın lıe	u of Form 1041?	12 a		
b		s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	year Sectio	n 501(c)(29) qualified nonprofit health insurance issuers.					
a		organization licensed to issue qualified health plans in more than one state? N oral information the organization must report on Schedule O	ote. S	See the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states ::h the organization is licensed to issue qualified health plans	13b				
c	Entert	the amount of reserves on hand	13 c				
14a	Did the	e organization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If"Yes	s," has it filed a Form 720 to report these payments?If "No," provide an explana	tion ir	Schedule O	14b		

orm	990 (2015)			Page				
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	Ob belo	w,				
	Check if Schedule O contains a response or note to any line in this Part VI			🔽				
Se	ction A. Governing Body and Management		ı					
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 31							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes					
3	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?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)				
			Voc	No				

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶			, MD	, МА	, M I	, MN	, NH	, NJ	, NY	, ок	, O R

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ▶MISTY SHEPHERD 12424 RESEARCH PARKWAY SUITE 140 ORLANDO, FL 32826 (407) 882-1220

16b

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	han on is	one I both	oox, an d	heck unless officer stee)	i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										

(A) Name and Title	(B) A verage hours per week (list any hours	more t	than o	one l both	oox, an o	heck unless officer stee)	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations
See Additional Data Table										
									<u> </u>	
1b Sub-Total	ets to Part VII, S		١.		 	• • • • • • • • • • • • • • • • • • •		1,585,125	0	229,810
2 Total number of individuals						d abov	e) wl	no received more t	han	

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	7	Vec	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

(A) Name and business address	(B) Description of services	(C) Compensation
CUSHMAN & WAKEFIELD	BUILDING MANAGEMENT SERVICES	506,769
12424 RESEARCH PARKWAY ORLANDO, FL 32826		
BLACKBAUD	CONSULTING SERVICES	379,190
PO BOX 930256 ATLANTA, GA 31193		
DIGITAL CONVERGENCE ALLIANCE INC	MASTER CONTROL SERVICES FOR WUCF TV	341,850
PO BOX 50008 COLUMBIA, SC 29250		
PENNINGTON & ASSOCIATES INC	CONSTRUCTION SERVICES	319,584
6959 STAPOINT CT WINTER PARK, FL 32792		
GMI GROUP INC	MAINTENANCE	277,202
470 SATELLITE BLVD NE SUITE R SUWANNEE, GA 30024		

Yes No

Form 99		15)						Page 9
Part V	/++	Statement o						
		Check If Schedu	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s &	1a	Federated camp	paigns 1a					
Grants Amounts	ь	Membership du	es 1b	3,806,443				
يا آيا	c	Fundraising eve	ents 1 c	173,788				
ons, Gifts, Grants Similar Amounts	d	Related organiz	ations 1d					
E G	e	Government grants	s (contributions) 1e	10,130,148				
ons Si	l f	All other contribution	ons, gifts, grants, and 1f	27,150,014				
Contributions, Gifts. and Other Similar A		similar amounts no						
	g	1a-1f \$	ons included in lines	235,413				
Cont and	h	Total. Add lines	s 1a-1f	▶	41,260,393			
				Business Code				
Program Service Revenue	2a	PROGRAM REVENU	ES	611710	2,798,419	2,798,419		
<u>*</u>	b							
JC e	C							
<u>\$</u>	d							
an E	e	A.U 4-1						
rogr	f	All other progra	im service revenue					
<u> </u>	g		s 2a – 2f		2,798,419			
	3		ome (including dividend ar amounts)		1,579,463			1,579,463
	4	Income from inves	tment of tax-exempt bond p	proceeds ►				
	5	Royalties		•	258,887		58,887	200,000
	6a	Gross rents	(i) Real 9,822,334	(II) Personal				
	Oa							
	b	Less rental expenses	6,600,552					
	C	Rental income or (loss)	3,221,782					
	d	Net rental incor	me or (loss)		3,221,782			3,221,782
	7a	Gross amount	(ı) Securities	(II) O ther				
	74	from sales of assets other than inventory	35,233,648					
	ь	Less cost or other basis and	35,652,585					
		sales expenses	-418,937					
	c d	Gain or (loss)	s)		-418,937			-418,937
Other Revenue		Gross income fi events (not incl \$	rom fundraising luding ,788 : reported on line 1c)	ŗ				
ē			а	231,831				
\$			penses b	191,946	39,885		21,420	18,465
	9a	·		events •	39,003		21,420	10,403
	Ь	Loca dimenti	a penses b					
	I		penses b Toss) from gaming activ	vities				
		·	· · · · · · · · · · · · · · · · · · ·	•				
	10a	Gross sales of returns and allo						
			a	15,975				
	b	Less cost of go	L	15,213	762		763	
	С	Miscellaneous	loss) from sales of inve	Business Code	762		762	
	11a	ADVERTISING		541800	14,683		14,683	
	ь	MISCELLANEC		900099	274	274		
	С							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		14,957			
	12	Total revenue.	See Instructions		48,755,611	2,798,693	95,752	4,600,773
					. , -	. , -	, –	

Part IX Statement of Functional Expenses

oction E01/c1/21 and E01/c1/4) organizations must complete	all columns All other	organizations must con	oploto column (A)

	Γ	.			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	16,601,294	16,601,294		
2	Grants and other assistance to domestic individuals See Part IV, line 22	137,129	137,129		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,219,616		587,374	632,242
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,899,636	1,758,440	1,942,787	3,198,409
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	493,945	86,040	153,380	254,525
9	Other employee benefits	1,132,534	242,553	426,765	463,216
10	Payroll taxes	540 730	00.054	404.003	267.605
	Fore for corrupts (non-employees)	540,729	88,951	184,093	267,685
11 a	Fees for services (non-employees) Management				
a b	Legal	18,279		18,279	
c	Accounting	118,300		118,300	
d	Lobbying	187,827	187,827	110,300	
e	Professional fundraising services See Part IV, line 17	543,734	201,021		543,734
f	Investment management fees	517,127		517,127	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,164,838	707,306	351,078	106,454
12	Advertising and promotion	228,491	172,292	29,890	26,309
13	Office expenses	582,964	205,176	77,724	300,064
14	Information technology	653,118	76,630	552,596	23,892
15	Royalties				
16	Occupancy	102,563	102,563		
17	Travel	592,756	380,671	54,935	157,150
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	620,779	422,993	52,676	145,110
20	Interest	168,349	143,412	24,937	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	99,408	6,667	92,741	
23	Insurance	110,124	28,249	78,550	3,325
24	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)				
а	PROGRAMING & BROADCASTI	1,532,086	1,532,086		
b	BANQUETS & RECEPTIONS	757,998	672,283	18,132	67,583
c	FURNITURE & EQUIPMENT	354,941	270,597	44,758	39,586
d	SPONSORSHIP/MEMBERSHIPS	314,981	216,723	12,035	86,223
	All other expenses	726,343	309,101	139,418	277,824
25	Total functional expenses. Add lines 1 through 24e	36,419,889	24,348,983	5,477,575	6,593,331
26	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)				

(B)

End of year

1,800

17,789,398

22,300,277

136,968

538,623

473,541

75,937,526

84,763,697

98,963,925

327,780

301,233,535

2,078,724

1,922,397

22,465,883

2,855,000

660,554

29,982,558

92,450,529

52,604,837

126,195,611

271,250,977

301,233,535 Form 990 (2015)

(A)

Beginning of year

101,900

14.799.064

9.822.384

103,978

507.312

593,983

77,344,019

108,753,965

77,607,981

353 559

289,988,145

2,419,320

1,841,641

23,040,264

4,350,000

944,940

32,596,165

82,271,984

52,148,866

122,971,130

257,391,980

289,988,145

100 201 328

24,263,802

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PartA	Dalance Si	iee
	01 1 60 1	

Cash-non-interest-bearing

Savings and temporary cash investments

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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

Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

 $key\ employees, highest\ compensated\ employees, and\ disqualified$ persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities.Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use

Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Less accumulated depreciation .

Accounts receivable, net . .

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

t lule O contains a response or note to any line in this Part X $\,\cdot\,\,$. $\,\cdot\,\,$. $\,$. $\,$. $\,$.

10a

10b

Part X	balance Sne
	Check if Sched

Form 990 (2015)

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10a

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Fund Balances

Net Assets or

Part X	Balance	Shee

48,755,611

36,419,889

12,335,722

257,391,980

271,250,977

Yes

Yes

Yes

▽

No

Νo

Nο

Form 990 (2015)

1,523,276

Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI							. [

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments . .

Donated services and use of facilities .

Investment expenses Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990

Schedule O

Cash ✓ Accrual COther If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

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

Schedule O

Single Audit Act and OMB Circular A-133?

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

Both consolidated and separate basis

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2a

2b

2c

3a

3b

Additional Data

Software ID:

Software Version:

EIN: 59-6211832

Name: UNIVERSITY OF CENTRAL FLORIDA

FOUNDATION INC

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

(Code) (Expenses \$ 8,129,705 including grants of \$ 2,784,105) (Revenue \$ 1,024,606) RESEARCH RESEARCH IS CONDUCTED ON AN INDIVIDUAL AND COLLABORATIVE BASIS BY FACULTY WHO FOCUS ON THEIR PARTICULAR AREAS OF ACADEMIC DISCIPLINE UCF HAS NUMEROUS NATIONALLY AND INTERNATIONALLY RECOGNIZED RESEARCH INSTITUTES DEVOTED TO INNOVATIVE RESEARCH AND DEVELOPMENT ALUMNI RELATIONS ENHANCES THE LIVES OF UCF ALUMNI, PARENTS, STUDENTS AND FRIENDS BY FOSTERING A MUTUALLY BENEFICIAL RELATIONSHIP WITH THE UNIVERSITY OF CENTRAL FLORIDA GENERAL UNIVERSITY SUPPORT THE FOUNDATION ALSO ADMINISTERS EXPENSES TO SUPPORT GENERAL AREAS AND PROGRAMS OF THE UNIVERSITY

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
JUDY ALBERTSON DIRECTOR/IMM PAST CHAIR	1 00	×						0	0	0	
RICHARD O BALDWIN JR DIRECTOR	1 00	x						0	0	0	
SCOTT BUESCHER DIRECTOR	1 00	×						0	0	0	
GIDEON LEWIS DIRECTOR	1 00	×						0	0	0	
PHYLLIS KLOCK DIRECTOR/CHAIR	1 00	×		×				0	0	0	
RONALD C THROW DIRECTOR/SECRETARY	1 00	×		×				0	0	0	
RICHARD WALSH	1 00	¥						0	0	0	

1 00

1 00

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DIRECTOR

DIRECTOR

DIRECTOR

LEILA NODARSE

JOSEPH MELBOURNE

ANTONIO MERENO DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde					ıu	stee:	3, R	rea Employee	ss, mgnest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition nore thess	(C) than ersoi	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
RITA ADLER DIRECTOR	1 00	x						0	0	0
MELANIE FERNANDEZ DIRECTOR/TREASURER	1 00	x		×				0	0	C
SURESH GUPTA DIRECTOR	1 00	x						0	0	C
DAVID BOONE DIRECTOR	1 00	x						0	0	
LORETTA COREY DIRECTOR	1 00	×						0	0	
JAMES W FERRELL DIRECTOR/VICE CHAIR	1 00	x		x				0	0	C

1 00

1 00

1 00

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NELSON J MARCHIOLI

DR JOHN C HITT

MARCOS MARCHENA

JOHN D EULIANO SR

DIRECTOR

DIRECTOR/CO-VICE CHAIR

EX-OFFICIO DIRECTOR/PRESID

EX-OFFICIO DIRECTOR/CHAIR UCF BOT

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

32,131

25,725

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	on direction				box, both a tee)	an Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			ı,			# 6 <u>0</u>				
DIANE MAHONY DIRECTOR	1 00	x						0	0	0
MARY BETH MORGAN DIRECTOR	1 00	×						0	0	0
JOYCE VIRGA DIRECTOR	1 00	×						0	0	0
ANTHONEY J CONNELLY DIRECTOR	1 00	×						0	0	0
JAMES A JAHNA SR DIRECTOR	1 00	×						0	0	0
MARGERY L PABST	1 00									

1 00

40 00

40 00

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234,768

227,389

DIRECTOR JOHN R SPROULS DIRECTOR

PAUL E RYAN

BEN MCMAHAN

MICHAEL J MORSEBERGER

CHIEF OPERATING OFFICER

...... CHIEF EXECUTIVE OFFICER

DIRECTOR

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

16,750

26,217

18,940

26,745

Compensated Employees, and Inde	pendent Co	ntrac	utor:	s			-				
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	than ersoi icer i	not one on is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	1.≝ 1	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
AJ BERT FRANCIS II CHIEF FINANCIAL OFFICER	40 00			x	_			162,816	0	16,145	
JOYCE HENCKLER CHIEF DEVELOPMENT OFFICER TILL 10/2015	40 00				x			164,446	0	30,234	
ROBERT J HOLMES JR FORMER CEO	40 00					х		252,890	0	36,923	
THOMAS MESSINA	40 00		Г ⁻		\Box						

40 00

40 00

40 00

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142,812

110,598

134,988

154,418

ROBIN KNIGHT

RACHEL SCHAEFER

ANNE BOTTERI

ASSOCIATE VP ALUMNI RELATI

EXECUTIVE DIRECTOR CECS

ASSISTANT VP DEVELOPMENT

ASST VP COMMUNICATIONS/MAR

.....

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

Employer identification number

59-6211832

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

UNIVERSITY OF CENTRAL FLORIDA

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is

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

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

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

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

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

2015
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

FOUNDATION INC

Part I

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2

3

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 21,373,139 25,608,046 22,651,576 29,500,099 41,260,393 140,393,253 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 21,373,139 25,608,046 22,651,576 29,500,099 41,260,393 140,393,253 Total. Add lines 1 through 3 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,

6	column (f) Public support. Subtract line 5 from line 4							140,393,253
S	ection B. Total Support							
(or	Calendar year fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 20	15	(f) Total
7	Amounts from line 4	21,373,139	25,608,046	22,651,576	29,500,099	41	,260,393	140,393,253
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,065,394	12,747,309	13,868,330	12,262,411	11	,601,797	62,545,241
9	Net income from unrelated business activities, whether or not the business is regularly carried on	158,140	136,524	102,758	151,417		95,752	644,591
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	12,429	369,330	39,086	1,277		274	422,396
11	Total support. Add lines 7 through 10							204,005,481
12	Gross receipts from related activi	ties, etc (see ins	tructions)	'	1	12		14,190,184
13	First five years.If the Form 990 is	for the organizat	ion's first, second	l, third, fourth, or	fifth tax year as a	section 5	01(c)(3) organization,

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 68 820 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 75 970 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶▽

b 33 1/3% support test-2014. 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 stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Section C. Computation of Public Support Percentage

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	Net income from unrelated						
11	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						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19 a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation ► [
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2 0 1 F

DLN: 93493131036897

Employer identification number

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

UNIVERSITY OF CENTRAL FLORIDA

Service

Political Campaign and Lobbying Activities

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

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

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

If the organization answered "Yes" on 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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

FOL	JNDATION INC			59-621183	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 52	27 organization.
1 2 3	Provide a description of the org Political expenditures Volunteer hours	ganization's direct and indirect polit	cical campaign act	ivities in Part IV	\$
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955	•	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under section	n 4955 >	\$
3	If the organization incurred a s	☐ Yes ☐ No			
4 a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 5	01(c)(3).
3 4 5	exempt function activities Total exempt function expendi Did the filing organization file F Enter the names, addresses ar organization made payments I amount of political contribution	tures Add lines 1 and 2 Enter here orm 1120-POL for this year? nd employer identification number (For each organization listed, enter the second that were promptly and political action committee (PAC) I (b) Address	e and on Form 112 EIN) of all section he amount paid fro directly delivered	0-POL, line 17b 527 political organization the filing organization to a separate political organization.	s funds Also enter the ganization, such as a nation in Part IV (e) A mount of political contributions received
2					
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	e the instructions for Form 990 or 99	0-EZ.	Cat No 50084S Schedule O	(Form 990 or 990-EZ) 2015

Grassroots nontaxable amount (enter 25% of line 1f)

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page 2
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	gro	up member's nam	e, address, EIN
3	Check	\blacktriangleright	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbyır	ıg)				
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

	edule C (Form 990 or 990-EZ) 2015 It II-B Complete if the organization is exempt under section 501(c)(3) and has N	тои			P	age 3
	filed Form 5768 (election under section 501(h)).		a)		(b)	
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity	•	No		Amour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes				
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?	Yes				
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				187,827
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νο			
i	Other activities?	Yes				3,225
i	Total Add lines 1c through 1i					191,052
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			<u> </u>
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?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	501/6	1(5)	Or S	ectio	
1 (4)	501(c)(6).	,01(0	,,,,	0. 3		
	· · · · · · · · · · · · · · · · · · ·				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Ī	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		Ī	3		
	Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" (
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).					
а	Current year	2a	<u> </u>			
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	THE FOUNDATION PROVIDES FUNDING FOR GOVERNMENTAL RELATIONS AND LOBBYING EFFORTS ON BEHALF OF THE UNIVERISTY THE GOVERNMENT RELATIONS INCLUDE CULTIVATING, MAINTAINING, AND ENHANCING THE LINK BETWEEN UCF AND THE VARIOUS PUBLICS IT SERVES AND TO CREATE AND IMPLEMENT COMMUNITY-BASED PROGRAMS THIS IS TO INCREASE KNOWLEDGE AND UNDERSTANDING OF THE UNIVERSITY WITHIN KEY EXTERNAL COMMUNITIES
	Schedule C (Form 990 or 990EZ) 2015

SCHEDULE D

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

2015

DLN: 93493131036897

Open to Public Inspection

UN:	me of the organization IVERSITY OF CENTRAL FLORIDA UNDATION INC			-	211832	on numbe	er
Pa	Organizations Maintaining Donor Complete if the organization answer						
		(a) Donor advised funds		(b)	Funds and other	accounts	5
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor funds are the organization's property, subject to	_		advıs	sed	┌ Yes	∏ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		-		purpose	⊏ v	□ No
Рa	rt II Conservation Easements. Comple	ete if the organization a	nswered "Yes" on	Form	990 Part IV	Yes	No
1	Purpose(s) of conservation easements held by the			10111	1 330, 1 411 14	, 11110 71	
_	Preservation of land for public use (e.g., recreducation)	-	Preservation of an h	nıstorı	ıcally ımportant	land area	ı
	▼ Protection of natural habitat	Γ	Preservation of a ce	ertifie	d historic struct	ure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization	held a qualified conservation	on contribution in the	form	of a conservation	on	
	easement on the last day of the tax year		Г		Held at the I	end of the	Voor
а	Total number of conservation easements		_	2a	neiu at the i	ind of the	1
b	Total acreage restricted by conservation easeme	ents		2b			0 25
c	Number of conservation easements on a certified		⊢	2c			
d	Number of conservation easements included in (historic structure listed in the National Register	c) acquired after 8/17/06,	and not on a	2d			
3	Number of conservation easements modified, tra tax year ▶0	nsferred, released, extingu	ished, or terminated	by the	e organızatıon dı	uring the	
4	Number of states where property subject to cons	ervation easement is locat	ed ▶ 1				
5	Does the organization have a written policy regard violations, and enforcement of the conservation of	rding the periodic monitorin		ng of	┌ Y e:	s √N	lo
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of viol	ations, and enforcing	cons	ervation easem	ents durn	ng the
	1 00						
7	Amount of expenses incurred in monitoring, inspenses \$0	ecting, handling of violatior	ns, and enforcing con	serva	tion easements	during th	e year
8	Does each conservation easement reported on Ii (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the re	equirements of section	on 17	0 (h)(4) Ye :	s \lceil N	lo
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the orga		•	•		
Pai	Organizations Maintaining Collect Complete if the organization answer	ctions of Art, Historic		Oth	er Similar A	ssets.	
1 a	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	r assets held for public exh	ibition, education, or	resea	arch in furtheran		
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	r assets held for public exh					lıc
((i) Revenue included on Form 990, Part VIII, line	1	•	· \$			
	ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, following amounts required to be reported under s	•	ersımılar assets for t				
а	Revenue included on Form 990 Part VIII line 1				b ¢		

Assets included in Form 990, Part X

261	(continued)	g Collections of	Art, Historica	ii ireasures, or	Other Similar A	issets
3	Using the organization's acquisition, ac	cession, and other re	ecords, check an	y of the following tha	t are a sıgnıfıcant us	e of its
а	collection items (check all that apply) Public exhibition		d \sqsubset	Loan or exchange pr	ograms	
ь	<u> </u>		<u>'</u>		ograms	
_	Scholarly research		9	Other		
С	Preservation for future generations					
4	Provide a description of the organization Part XIII	n's collections and e	xplain how they f	urther the organizati	on's exempt purpose	e in
5	During the year, did the organization so assets to be sold to raise funds rather t					s No
Pa	rt IV Escrow and Custodial Arr	angements.	·		,	<u> </u>
	Complete if the organization Part X, line 21.					nt on Form 990,
1a	Is the organization an agent, trustee, co included on Form 990, Part X?	ustodian or other inte	ermediary for con	tributions or other a	ssets not Ye	s No
b	If "Yes," explain the arrangement in	Part XIII and comple	ete the following	table .	Am	ount
c	Beginning balance	_1	lc			
d	Additions during the year			_ 1	ld .	
е	Distributions during the year	_ 1	le			
f	Ending balance				lf	
2a	Did the organization include an amount	on Form 990, Part X	, line 21, for esci	row or custodial acco	ount liability? Ye	s No
b	If "Yes," explain the arrangement in Pai	rt VIII Chack bara i	fthe explanation	has been provided u	n Dart VIII	
	art V Endowment Funds. Compl					
	•	(a)Current year	(b)Pnor year	b (c) Two years back	· · · · · · · · · · · · · · · · · · ·	(e)Four years back
1 a	Beginning of year balance	150,688,036	154,614,86	1 135,494,628	122,629,469	127,134,563
b	Contributions	3,395,955	3,877,77	4 2,550,623	2,339,881	1,684,967
c	Net investment earnings, gains, and losses	1,519,006	911,66	3 23,691,905	15,093,797	-1,449,380
d	Grants or scholarships	1,579,101	1,314,15	6 749,717	359,349	467,687
e	Other expenditures for facilities and programs	3,903,831	3,642,73	5 2,812,345	1,010,983	1,314,973
f	Administrative expenses	3,659,262	3,759,37	2 1,560,232	3,198,187	2,958,021
g	End of year balance	146,460,803	150,688,03	6 156,614,861	135,494,628	122,629,469
2	Provide the estimated percentage of the	e current year end ba	alance (line 1g, c	olumn (a)) held as		
а	Board designated or quasi-endowment i	3 010 %				
b	Permanent endowment ► 96 990 %					
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2d	0 % c should equal 100%	6			
3a	Are there endowment funds not in the pe	ossession of the org	anızatıon that are	held and administer	red for the	
	organization by				20	Yes No
	(i) unrelated organizations(ii) related organizations					a(i) No a(ii) No
b	If "Yes" on 3a(II), are the related organi					3b
4	Describe in Part XIII the intended uses					
Pa	rt VI Land, Buildings, and Equi		- 000 B		5 000 B 11	
	Complete if the organization Description of property	answered 'Yes' to	o Form 990, Pa (a)	rt IV, line 11a.See	Accumulated	(d)Book value
	bescription of property		Cost or othe (investm	er basis Cost or other b		
	Land			53,640	,384	53,640,384
b	Buildings			34,375	,119 15,484,02	18,891,097
c	Leasehold improvements			10,267	,001 7,202,10	3,064,895
d	Equipment			648	,702 648,70	0
е	Other			1,270	,122 928,97	⁷ 2 341,150
Tota	al. Add lines 1a through 1e (Column (d) mu					75,937,526

Part VII Investments—Other Securities. C See Form 990, Part X, line 12.	Complete if the organ	ization answered 'Yes'	on Form 990, Part IV, line 11b.
(a) Description of security or catego (including name of security)	ry	(b) Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other (A) HEXAVEST WORLD EQUITY FUND		16,900,592	F
(B) MAXEY/DUGGAR PROPERTY		12,000,000	F
(C) OTHER SECURITIES < 5% OF TOTAL INVESTME	ENTS	70,063,333	F
<u> </u>		, ,	·
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•	98,963,925	
Complete if the organization answer	ed 'Yes' on Form 990		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organiza (a) Des	tion answered 'Yes' on f scription	Form 990, Part IV, line 1:	Ld See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		•
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.			
1. (a) Description of liability	(b) Book value		
Federal income taxes			
COMPENSATED ABSENCES	70,1	17	
TENANT SECURITY & KEY DEPOSIT	39,2	215	
ANNUITY PAYMENT LIABILITY	551,2	222	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, pro-	▶ 660,5		financial statements that reports the
organization's liability for uncertain tax positions under			

Total revenue, gains, and other support per audited financial statements

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

THE FOUNDATION HAS ONE CONSERVATION EASEMENT (50 FOOT CONSERVATION EASEMENT FOR DRAINAGE ALONG THE EASTERLY BOUNDARY OF THE PROPERTY), WHICH WAS INCLUDED IN THE VALUE OF THE LAND ON THE FOUNDATION'S BALANCE SHEET

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . .

Donated services and use of facilities

Recoveries of prior year grants .

Other (Describe in Part XIII)

Other (Describe in Part XIII)

Supplemental Information

Add lines 4a and 4b .

Return Reference

Add lines 2a through 2d .

Schedule D (Form 990) 2015

1

b

d

h

Part XIII

information

PART II, LINE 9

56,534,560

8,330,987

552,038

36,419,890

3	Subtract line 2e from line 1	3	48,203,573
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b 552,038		
c	Add lines 4a and 4b	4 c	552,038
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	48,755,611
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pei	r Return.
1	Total expenses and losses per audited financial statements	1	42,675,563
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	6,807,711
3	Subtract line 2e from line 1	3	35,867,852
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990. Part VIII. line 7b 4a		

2a

2b

2c

2d

1,523,276

6,807,711

552,038

4c

2e

efile GRAPHIC print - DO	NOT PROCESS	As Filed Da	ta -		DLN:	93493131036897
SCHEDULE F (Form 990)	Statement of	Activities (Outside the Uni	ted Sta	ates	OMB No 1545-0047
Department of the Treasury	► Complete	Part IV, line	n answered "Yes" to Form 14b, 15, or 16. to Form 990.	1 990,		2015
Internal Revenue Service	rmation about Sched	ule F (Form 990) a	and its instructions is at v	ww.irs.go	v/form990.	Open to Public Inspection
Name of the organization UNIVERSITY OF CENTRAL FLOF FOUNDATION INC	RIDA				Employer ident	ification number
			he United States. orm 990, Part IV, line	14b.		
For grantmakers. Does to and other assistance, the used to award the grants	e grantees' eligib					□ Yes □ No
2 For grantmakers. Descri assistance outside the U		organization's p	rocedures for monitor	ing the u	ise of its gran	ts and other
3 Activites per Region (The f	ollowing Part I, line	3 table can be d	uplicated if additional sp	ace is ne	eded)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program service: investments, grants to recipients located in the region)	program spe	vity listed in (d) is a i service, describe ecific type of ce(s) in region	a (f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,		0	PROGRAM SERVICES	UCF PRO SERVIC		20,000
(2) MIDDLE EAST AND NORT AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGY IRAN, IRA		0	FUNDRAISING	UCF PRO SERVIC		23,087
(3)						
(4)						
(5)						
3a Sub-total	(0				43,087
b Total from continuation she to Part I						0
c Totals (add lines 3a and 3b For Paperwork Reduction Act Notice	,) 0 s for Form 990.		No 5008	32W Sched	43,087 ule F (Form 990) 2015

Schedule F (Form 990) 2015

organization	and EIN (if applicable)	grant 	cash grant	disbursement	assistance	assistance	(book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2015

Page 2

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(42)				

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
			Schedu	lle F (Form 990) 2015

(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				,
(17)				
(18)				
			Schedu	ıle F (Form 990) 2015

Additional Data

Software ID: Software Version:

EIN: 59-6211832

Name: UNIVERSITY

Name: UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

DLN: 93493131036897

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC

59-6211832

Employer identification number

Part I Fundraising Activities. Complete If the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- а ✓ Mail solicitations
- e

 ✓ Solicitation of non-government grants

b ▼ Internet and email solicitations **▼** Solicitation of government grants

▼ Phone solicitations

▼ Special fundraising events

- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising ✓Yes No
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1	CALL CENTER	Yes	No																	
RUFFALO NOEL LEVITZ PO BOX 718	CALLCENTER		No	231,566	192,400	39,166														
DES MOINES, IA 50303	CONSULTANTS																			
BENTZ WHALEY FLESSNER & ASSOCIATES 7251 OHMS LANE	CONSULTANTS		No	0	133,612	-133,612														
MINNEAPOLIS, MN 55439																				
THOMAS MITCHELL & ASSOCIATES LLC 2580 E 5TH STREET	CONSULTANTS		No	0	110,000	-110,000														
POMPANO BEACH, FL 33062																				
4 KAREN S COCHRAN LLC 2880 OLD CASTLE DRIVE	CONSULTANTS		No	0	40,000	-40,000														
WINTER PARK, FL 32792																				
5 KORBIN GROUP LLC 610 N KENDRICK AVE	CONSULTANTS		No	0	33,000	-33,000														
GLENDIVE, MT 59330	CONSULTANTS																			
SUSAN SHULLAW & ASSOCIATES PO BOX 2328	CONSCIANTS		No	0	26,289	-26,289														
IOWA CITY, IA 52240	CONSULTANTS																			
7 ROSE GARFINKLE 32 BROADWAY 310	CONSULTANTS		No	0	18,569	-18,569														
ASHEVILLE, NC 28801	CONSULTANTS																			
ANNUAL GIVING NETWORK LLC 51 ORCHARD STREET			No	0	5,000	-5,000														
MEDFIELD, MA 02052																				
10																				
10																				
Total			>	231,566	558,870	-327,304														

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

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

Part II	Fundraising	Events
raitti	i ullulaisilly	FAGIIC3

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	receipts greater than \$5,000		on Form 990-E2, line		is with gross
		(a)Event #1 ROSEN COLLEGE PINEAPPLE BALL (event type)	(b)Event #2 FOOTBALL KICKOFF LUNCHEON (event type)	(c)Other events 8 (total number)	(d) Total events (add col (a) through col (c))
Reversie	1 Gross receipts	107,170 24,668		173,139 81,676	
	line 2)	82,502	29,985	91,463	203,950
	4 Cash prizes	200		3,769	3,969
	6 Rent/facility costs	11,383		8,597	19,980
Expenses	7 Food and beverages	30,501		39,659	70,160
ä	8 Entertainment			340	340
Died Died	9 Other direct expenses	72,973		24,524	97,497
ā	10 Direct expense summary Add lines 4	through 9 in column (d)		191,946
	11 Net income summary Subtract line 1	0 from line 3, column (d)		12,004
Par	rt III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mor	e than \$15,000 on
Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Expenses	2 Cash prizes				
ă ă	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes		│ Yes%	
	7 Direct expense summary Add lines 2	ł through 5 ın column (d)		
	8 Net gaming income summary Subtrac	ct line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organizat		•		Yes No
b	If "No," explain				
L0a					Yes No
b	If "Yes," explain				
					I

Page **3**

12	Is the organization a grantor, be	eneficiary or trustee of a trus	et or a member of a partnership or o	other entity	
	formed to administer charitable	•		·	└Yes └No
13	Indicate the percentage of gami	ing activity conducted in			, 100 110
а	The organization's facility			13a	%
b	An outside facility			13b	%
14	Enter the name and address of t	he person who prepares the	organization's gaming/special eve	ents books and record	s
	Name ▶				
	Address ►				
15a			n whom the organization receives (gamıng	Yes No
b	If "Yes," enter the amount of ga	ming revenue received by th	ne organization 🕨 \$	· ·	
	amount of gaming revenue retai	ned by the third party 🕨 🕏 _			
c	If "Yes," enter name and addres	s of the third party			
	Name ▶				
	Address ►				
16	Gaming manager information				
	Gaming manager compensation	\$			
	Description of services provided	d			
	Director/officer	Employee	Independent conti	ractor	
17	Mandatory distributions				
а	Is the organization required und	ler state law to make charita	ble distributions from the gaming [proceeds to	
	retain the state gaming license?			· ·	⊤Yes
b		•	istributed to other exempt organiza	ations or spent	
Pai		mation. Provide the ex 0b, 15b, 15c, 16, and 17	planations required by Part I, b, as applicable. Also complet		
	Return Reference		Explanation	1	
	EDULE G, PART I, E 2B, COLUMN (V)	FLESSNER AND ASS KORBIN GROUP LLC GIVING NETWORK L VENDORS SINCE TH SERVICES TO THE F STRATEGIES IN AD NETWORK LLC, BENT SHULLAW & ASSOCI COMPANIES \$836 1 THIS WAS FOR BUSI CONTRACTS PART	I, LINE 2B - GROSS RECEIPTS ROCIATES, THOMAS MITCHELL 8, SUSAN SHULLAW & ASSOCIAT LC THERE WILL BE NO GROSS REVENDOR IS PROVIDING RESECUNDATION'S DEVELOPMENT DITION TO PROFESSIONAL FEET WHALEY FLESSNER & ASSOCIATES AND RUFFALO NOEL LEVI 2, \$10,947 13, \$12,813 34, \$3,6 NESS TRAVEL AND INCIDENTA II- DIRECT EXPENSES EVENT #BY ATHLETICS AND THE EXPENETICS DIRECTLY AND HENCE N	& ASSOCIATES, KAR ES, ROSE GARFINKL ECEIPTS GENERATE EARCH SUPPORT AN OFFICE REGARDING E EXPENSES PAID TO IATES, KAREN S CO- ITZ, THE FOUNDATI 680 50 AND \$7,099 L EXPENSES IN ACC 2 ONE OF THE TOP I SES RELATED TO THE	EN S COHRAN LLC, E AND ANNUAL ED FROM THESE D CONSULTING G SOLICITATION D ANNUAL GIVING CHRAN LLC, SUSAN ON REIMBURSED THE 31 RESPECTIVELY CORDANCE WITH THE FUNDRAISING IESE EVENTS WERE
					1 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF CENTRAL FLORIDA

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

2015

DLN: 93493131036897

Open to Public Inspection

FOUNDATION INC						59-6211832	
Part I General Information	n on Grants and	d Assistance				•	
Does the organization maintain the selection criteria used to av Describe in Part IV the organization Part II Grants and Other Assistation that received more than	vard the grants or as ation's procedures for ance to Domestic Or	sistance? or monitoring the use ganizations and Dome	of grant funds in the Un				Yes V No
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 50	01(c)(3) and govern	ment organizations lis	sted in the line 1 table .			• _	5
3 Enter total number of other orga	ınızatıons lısted ın tl	he line 1 table				•	0
For Paperwork Reduction Act Notice, see	the Instructions for	Form 990.		Cat No. 50055P		Schedu	le I (Form 990) 2015

(a) Type of grant or assistance

Schedule I (Form 990) 2015

Part III can be duplicated if additional space is needed

(c)A mount of

(b) Number of

AND PROPER ADMINISTRATION OF THE GRANTS

	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
(1) TICKETS, CLOTHES, MEALS, AND M FOR STUDENTS	996		47,443	PURCHASE PRICE	TICKETS/CLOTHES/MEALS
(2) TRAVEL AND REGISTRATION PAYMENTS FOR VARIOUS STUDEN	498 TS		77,654	PURCHASE PRICE	TRAVEL/REGISTRATION
(3) OTHERS	10	12,000			CASH AWARD
EDUCATIONAL EQUIPMENT AN (4) SUPPLIES	D 2		31	PURCHASE PRICE	EQUIPMENT/SUPPLIES
,					
Part IV Supplemental Info	rmation. Provide the info	rmation required in P	Part I, line 2, Part III,	column (b), and any oth	er additional information.
Return Reference Exp	planation				

(d)A mount of

(e) Method of valuation (book.

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS THE FOUNDATION MAINTAINS THE APPROVED PART I, LINE 2 EXPENDITURE REQUEST WHICH SUBSTANTIATE THE GRANT AMOUNTS PROVIDED TO THE RECIPIENTS THE FOUNDATION MAINTAINS DONOR INFORMATION, RELATED CONTRIBUTION DOCUMENTATION, AND ANY DONOR RESTRICTIONS OUTLINED BY THE DONOR INCLUDING SCHOLARSHIP CRITERIA THE GRANTS ARE MADE TO THE UNIVERSITY OR UNIVERSITY AFFILIATED ENTITIES AND THE

FOUNDATION RELIES ON THE POLICIES, PROCEDURES, AND CONTROLS ESTABLISHED BY THESE ENTITIES FOR EXPENDITURE TRACKING

(f)Description of non-cash assistance

Additional Data

Software ID: Software Version:

EIN: 59-6211832

Name: UNIVERSITY OF CENTRAL FLORIDA

FOUNDATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of

organization or government		ıf applıcable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
UNIVERSITY OF CENTRAL FLORIDA 4000 CENTRAL FLORIDA BLVD ORLANDO,FL 32816	59-2924021	501(C)(3)	9,463,542				FUNDING FOR PROGRAMS & SCHOLARSHIPS
UCF GOLDEN KNIGHTS CORPORATION INC PO BOX 163555 ORLANDO,FL 32826	20-3794571	501(C)(3)	2,800,558				ATHLETIC STADIUM SUPPORT
UCF CONVOCATION CORPORATION INC 4000 CENTRAL FLORIDA BLVD ORLANDO,FL 32816	16-1733312	501(C)(3)	958,923				CONVOCATION CENTER SUPPORT

(h) Purpose of grant

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment other) assistance 501(C)(3) 3.241.530 UCFATHIETIC 59-2334448 ATHLETIC ASSOCIATION INC. ISCHOLARSHIP & PO BOX 163555 PROGRAM SUPPORT

RESEARCH ACTIVITY

SUPPORT

136,740

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ORLANDO, FL 32826

UNIVERSITY CENTRAL FLORIDA RESEARCH FOUNDATION 12201 RESEARCH PARKWAY

ORLANDO, FL 32826

59-3086453

Schedule J (Form 990)

Department of the

Treasury

Compensation Information

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

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493131036897 OMB No 1545-0047

2015

Open to Public Inspection

nterr	nal Revenue Service						
	me of the organization IVERSITY OF CENTRAL FLORIDA		Employer identificati	on nui	mber		
	JNDATION INC		59-6211832				
Pa	rt I Questions Regarding Compensation						
					Yes	No	
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p						
	▼ First-class or charter travel	Housing allowance or residence	for personal use			1	
	Travel for companions	Payments for business use of pe	rsonal residence			1	
	▼ Tax idemnification and gross-up payments	✓ Health or social club dues or init	iation fees			1	
	Discretionary spending account	Personal services (e g , maid, ch	auffeur, chef)	 			
b	If any of the boxes in line 1a are checked, did the organi reimbursement or provision of all of the expenses descri			1b	Yes		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the filing organization organization organization Check all that a used by a related organization to establish compensation	apply Do not check any boxes for met	nods				
	Compensation committee	Written employment contract		ļ	ļ	ļ	
	Independent compensation consultant	✓ Compensation survey or study		ļ	ļ	ļ	
	Form 990 of other organizations	A pproval by the board or compe	isation committee			 	
4	During the year, did any person listed on Form 990, Part or a related organization	rt VII, Section A , line 1a with respect t	o the filing organization				
а	Receive a severance payment or change-of-control payi	ment?		4a		Νo	
b	Participate in, or receive payment from, a supplemental	nonqualified retirement plan?		4b		Νo	
c	Participate in, or receive payment from, an equity-based	d compensation arrangement?		4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provid	de the applicable amounts for each iter	n in Part III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	ns must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of	ne 1a, did the organization pay or accru	e any				
а	The organization?			5a		Νo	
b	Any related organization?			5b		Νo	
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of	ne 1a, did the organization pay or accru	e any				
а	The organization?			6 a		Νo	
b	Any related organization?			6b		Νo	
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," desc		non-fixed	7		No	
8	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Regin Part III	•		8		No	
9	If "Yes" on line 8, did the organization also follow the rel section 53 4958-6(c)?	buttable presumption procedure descr	ibed in Regulations	9		140	

(ii)

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 on 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)((ı)-(ııı) fo	or each listed individua	al must equal the total	amount of Form 990, F	Part VII, Section A, line	e 1a, applicable colur	nn (D) and (E) amount	s for that individual
(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 MICHAEL J MORSEBERGER CHIEF EXECUTIVE OFFICER	(i)	230,906	0	3,862	18,265	13,866	266,899	0
CHILL EXECUTIVE OF TACEN	(ii)	0	0	0	0	0	0	0
2 BEN MCMAHAN CHIEF OPERATING OFFICER	(i)	227,203	0	186	17,620	8,105	253,114	0
CHEF OF ENATING OF FIGER	(ii)	0	0	0	0	0	0	0
3 AJ BERT FRANCIS II CHIEF FINANCIAL OFFICER	(i)	162,816	0	0	6,690	9,455	178,961	0
	(ii)	0	0	0	0	0	0	0
4 JOYCE HENCKLER CHIEF DEVELOPMENT	(i)	157,646	0	6,800	15,041	15,193	194,680	0
OFFICER TILL 10/20	(ii)	0	0	0	0	0	0	0
5 ROBERT J HOLMES JR FORMER CEO	(i)	222,180	21,898	8,812	17,380	19,543	289,813	0
	(ii)	0	0	0	0	0	0	0
6 THOMAS MESSINA ASSOCIATE VP ALUMNI	(i)	75,513	0	67,299	7,976	8,774	159,562	0
RELATI	(ii)	0	0	0	0	0	0	0
7 RACHEL SCHAEFER ASSISTANT VP DEVELOPMENT	(i)	134,935	0	53	10,538	8,402	153,928	0
	(ii)	0	0	0	0	0	0	0
8 ANNE BOTTERI ASST VP	(i)	154,418	0	0	12,202	14,543	181,163	0
COMMUNICATIONS/MAR	()	0	0	0	0	0	0	0

Page 3

Schedule J (Form 990) 2015

PART I. LINE 1A ${\sf SUPPLEMENTAL}$ COMPENSATION INFORMATION - $1\,$ FIRST-CLASS OR CHARTER TRAVEL - FIRST CLASS TRAVEL PROVIDED TO THE IPRESIDENT OF THE UNIVERSITY FOR HEALTH REASONS AND TO ACCOMMODATE PREPARATION FOR MEETINGS. CHARTER FLIGHTS ARE IPROVIDED FOR THE PRESIDENT AND OTHER EXECUTIVE LEADERSHIP TO TRAVEL TOGETHER AND SUFFICIENTLY PREPARE EN ROUTE TO MEETINGS 2 TAX INDEMNIFICATION AND GROSS UP PAYMENTS - FOR VARIOUS UNIVERSITY EMPLOYEES, THE FOUNDATION MADE

Schedule J (Form 990) 2015

ISUPPLEMENT PAYMENTS WHICH INCLUDED GROSSED-UP AMOUNTS FOR TAX PURPOSES. THE TOTAL GROSSED-UP AMOUNTS WERE INCLUDED IN THE EMPLOYEES' REPORTABLE TAXABLE COMPENSATION 3. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - THE FOUNDATION PROVIDES CERTAIN SOCIAL CLUB MEMBERSHIPS FOR FUNDRAISING, DONOR CULTIVATION, OR OTHER BUSINESS PURPOSES THE PERSONAL PORTION OF THE MEMBERSHIPS IS INCLUDED IN THE INDIVIDUALS' TAXABLE COMPENSATION

PART I, LINE 7 THE FOUNDATION PAYS CERTAIN EXECUTIVES BONUSES DETERMINED BASED ON PERFORMANCE GOALS RELATED TO QUALITY OF leducation, institutional growth and fundraising

SCHEDULE J. PART II IT ALL THE EMPLOYEES LISTED IN SCHEDULE LARE EMPLOYEES OF THE UNIVERSITY OF CENTRAL FLORIDA WHICH HAS BEEN DETERMINED TO BE AN UNRELATED ORGANIZATION FOR PURPOSES OF 990 REPORTING $\,2\,$ DURING THE FISCAL YEAR, THE FOUNDATION PAID

\$1,059,857 TO THE UNIVERSITY RELATED TO COMPENSATION FOR DR. JOHN HITT, UCF PRESIDENT. IN ADDITION, THE FOUNDATION PAID

FOR OTHER BENEFITS SUCH AS MEMBERSHIPS AND AN AUTOMOBILE LEASE WHICH WERE REPORTED TO UCF PAYROLL

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

2015

DLN: 93493131036897 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

(Form 990)

Internal Revenue Service

explanations, and any additional information in Part VI. ▶ Attach to Form 990.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

	e of the organization	_								Em	ployer id	lentifica	tion nu	mber	
	VERSITY OF CENTRAL FLORIDA INDATION INC	А								59	-62118	32			
	rt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rıce	(f)) Description	of purpose	(g) De	feased	beha	On alf of uer		Pool noing
										Yes	No	Yes	No	Yes	No
A	UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC	59-6211832		12-30-2008	10,400	,000	REFU	ND PRIOR I	ISSUE 2008		×		×		Х
В	UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC	59-6211832		12-17-2009	12,540	12,540,000 REFUND PRIOR ISSUE 2009				×		Х		Х	
Pa	rt III Proceeds														
					Α	V		E	3		С			D	
1	A mount of bonds retired					1,640	,000								
2	Amount of bonds legally defeas	sed													
3	Total proceeds of issue 10,400,000				-	12,433,674									
4	4 Gross proceeds in reserve funds				+	•	,								
5					+				+						
6	Proceeds in refunding escrows				+										
7	Issuance costs from proceeds				+				106,326						
8	Credit enhancement from proce				+				100,320						
9	Working capital expenditures fi														
10	Capital expenditures from proc				+										
11	Other spent proceeds								+						
12	Other unspent proceeds			_	+										
13	Year of substantial completion				200	0.0		20	00						
					Yes	No	,	Yes	No No	Yes	т.	No	Yes		No
14	Were the bonds issued as part	of a current refunding	na issue?		X	140		X	"		<u> </u>		1.63	_	
	Were the bonds issued as part				^			^							
15	<u> </u>				<u> </u>	Х			Х						
16	Has the final allocation of proceeds been made?			X			Х								
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				x			X							
Par	TIII Private Business U		· ·												
انتد					A			В	ı		С	Ī		D	
					Yes	No	,	Yes	No	Yes	N	No	Yes	<u> </u>	No
1	Was the organization a partner	in a partnership, or	a member of an Ll	_C, which owned		X			Х						

property financed by tax-exempt bonds?

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

Х

Χ

D

		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		×		×				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed								
prope									
С	Are there any research agreements that may result in private business use of bond-financed property?	×		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	Х		Х					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government				•				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 950 %		2 910 %				
6	Total of lines 4 and 5		0 950 %		2 910 %				
7	Does the bond issue meet the private security or payment test?		Х		Х				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		x		x				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		x		Х				
Par	IV Arbitrage								
	A			В		С		D	
	Yes	No	Yes	No	Ye		No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X	165	X			110	103	
2	If "No" to line 1, did the following apply?			1				<u>'</u>	
a	Rebate not due yet?	Х		Х					
b	Exception to rebate?	Х		X					
С	No rebate due?	Х		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	Х		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х		Х					
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
	·						School	ule K (Form 9	100\ 201E

Α

В

С

No

No

D

D

Yes

Page **3**

Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?

Were any gross proceeds invested beyond an available temporary	
period?	
Has the organization established written procedures to monitor the requirements of section 148?	
art V Procedures To Undertake Corrective Action	
Has the organization established written procedures to ensure	
that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	
Part VI Supplemental Information. Provide additional info	rma

Were gross proceeds invested in a guaranteed investment

		Х		X		
		Х		X		
	A		В		С	
	Yes	No	B Yes	No	C Yes	
		No X		No X		
ma	Yes	Х	Yes	Х		ns).

Yes

No

Yes

No

No

No

Yes

Yes

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

DLN: 93493131036897 OMB No 1545-0047

2015

Department of the Treasury Internal Revenue S	ervice	▶Information a	about Sche		1 990 or 990-EZ 1 <u>0v /form990</u> .) and its instri	ictions	is at			en to P nspecti	
Name of the or UNIVERSITY OF C FOUNDATION INC	ÉNTRAL FLORIDA	4						nploye 9-621		ificatio	n numbe	r
		t Transaction					(29)	organı	zations			
	plete if the org ne of disqualif	ganization answe			, Part IV , line 2 etween disquali						40b (d) Cori	ra a ta d 2
1 (a) Nar	ne or disquain	neu person	(b) Ke	•	organization	neu person an	۱ (۱	•	cription saction		Yes	No
2 Enter the 4958 .	amount of tax	incurred by orga	nızatıon m • •	anagers or d	isqualified pers	ons during the	,	under •	section ▶ \$			
3 Enter the	amount of tax	, if any, on line 2,	, above, re	ımbursed by	the organization	on			> \$			
		Purpose of		90, Part X, I to he		(f)Balance		In	(h Appr by boo	ı) oved ard or	(i)Wr agreer	
			То	From			Yes	No	Yes	No	Yes	No
	1											
										+		
										1		
										1		
Total	· ·	▶ \$		·	ı					<u> </u>		1
		sistance Bene e organization				rt IV. line 27						
(a) Name of pers	ınterested	(b) Relationshi interested pers organiza	p between on and the	(c) A mou	nt of assistance			stance	e (e)) Purpo:	se of ass	ıstance
				İ		İ						

Complete if the organizatio	n answered "Yes" on I	orm 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	ation's
				Yes	No
(1) DR JOHN HITT	EX-OFF DIR OF UCFF	536,875	SUNTRUST ORLANDO (SEE SCHEDULE O)		No

Supplemental Information

Return Reference

Explanation

Provide additional information for responses to questions on Schedule L (see instructions)

PART IV

DR HITT IS A DIRECTOR OF SUNTRUST, CENTRAL FLORIDA THE UCF FOUNDATION PREVIOUSLY OBTAINED SEVERAL REAL ESTATE LOANS FROM SUNTRUST BANKS AND MADE PRINCIPAL AND INTEREST PAYMENTS DURING THE CURRENT YEAR TO SUNTRUST BANKS FOR THESE LOANS IN ADDITION, THE UCF FOUNDATION HAS MADE PAYMENTS TO SUNTRUST BANKS FOR CUSTODIAL SERVICES RELATED TO THE FOUNDATION'S INVESTMENTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE M**

OMB No 1545-0047 2015

DLN: 93493131036897

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Noncash Contributions

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

Employer identification number

	ERSITY OF CENTRAL FLORIDA IDATION INC				59-6211832			
Pa	rt I Types of Property			'				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of do noncash contrib	etermın	_	ts
1	Art—Works of art	Х	7	0				
2	Art—Historical treasures .							
3	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	24	235,413	FMV WHEN RECEIV	<u>'ED</u>		
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
15	contribution—Other Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens	Х	0	0				
	Archeological artifacts							
25	Other►(N/EQUIP)	Х	11	0				
	Other ► (PLIES)	Х	5	0				
	Other▶(CELLANEOUS)	Х	4	0				
	Other ► ()				ļ			
29	Number of Forms 8283 received for which the organization comple				29			2
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1 through 28, that		Yes	No
	it must hold for at least three ye	ars from the	e date of the initial contribu	ition, and which is not requi	red to be used	1		l
	for exempt purposes for the entire						\ \	١.,
						30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	.1				ļ	ĭ
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	<u> </u>
32a	Does the organization hire or use contributions?	•	-	to solicit, process, or sell	noncash • • •	32a	Yes	<u> </u>
b 33	If "Yes," describe in Part II If the organization did not report	an amount	ın column (c) for a type of	property for which column (a) is checked,			
	describe in Part II							
or F	Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990.	Cat No 51227J	Schedule M	(Form	990) ((2015)

Schedule M (Form 990) (2015)

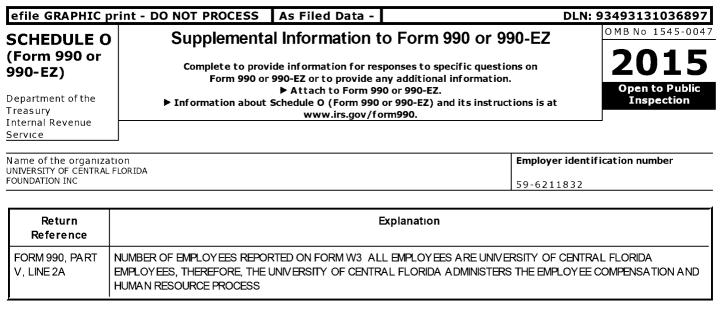
Supplemental Information.

Part II

Also complete this	Also complete this part for any additional information.						
Return Reference	Explanation						
PART I, LINE 32B	USE OF THIRD PARTY TO SELL NONCASH CONTRIBUTIONS THE FOUNDATION INSTRUCTS SUNTRUST, AS CUSTODIAN OF ITS INVESTMENTS, TO SELL ANY STOCK GIFTS RECEIVED BY THE FOUNDATION STOCKS ARE VALUED AT THE AVERAGE OF THE HIGH AND LOW MARKET PRICE ON THE DAY OF RECEIPT PART I, TYPES OF PROPERTY LINE 1 ART-WORKS OF ART, LINE 4 BOOKS AND PUBLICATION, LINE 5 CLOTHING AND HOUSEHOLD GOODS, LINE 18 COLLECTIBLES, LINE 23 SCIENTIFIC SPECIMENS, LINE 25 FURNITURE/EQUIPMENT AND LINE 26 SUPPLIES THE FOUNDATION RECEIVED SEVERAL DONOR GIFT IN KIND CONTRIBUTIONS DURING THE YEAR THESE GIFTS IN KIND PASSED THROUGH THE FOUNDATION TO THE UNIVERSITY AND ARE NOT INCLUDED IN THE FOUNDATION'S REVENUE BECAUSE THE FOUNDATION SERVES ONLY AS AN AGENT FOR THE UNIVERSITY PART I, B - NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED THE FOUNDATION REPORTS THE NUMBER OF CONTRIBUTIONS AND NOT THE NUMBER OF ITEMS CONTRIBUTED IN EACH CATEGORY, UNLESS REQUIRED OTHERWISE BY IRS PART I, LINE 9 B THE FOUNDATION REPORTS THE						

NUMBER OF GIFTS RECEIVED

Page 2



Return Reference	Explanation
FORM 990, PART VI, SECTION	RITA ADLER HAS A BUSINESS RELATIONSHIP WITH RICHARD WALSH BEN MCMAHAN HAS A BUSINESS
A, LINE 2	RELATIONSHIP WITH JAMES W FERRELL

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

Return Reference	Explanation
PART VI, SECTION B, LINE 12C	ALL DIRECTORS, OFFICERS, COMMITTEE MEMBERS AND KEY EMPLOYEES SHALL BE REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE FORM THIS ANNUAL DISCLOSURE FORM WILL REQUEST SPECIFIC INFORMATION REGARDING THE TERMS OF ANY CONTRACT OR TRANSACTION WITH THE FOUNDATION AND WHETHER PROCESS FOR APPROVAL SET FORTH IN THIS POLICY WAS USED AN INTERESTED PERSON WHO HAS OR LEARNS ABOUT A POTENTIAL CONFLICT SHOULD DISCLOSE PROMPTLY TO THE CHAIR OF THE BOARD DUE DILIGENCE COMMITTEE AND THE FOUNDATION'S CFO THE MATERIAL FACTS SURROUNDING ANY POTENTIAL CONFLICT OF INTEREST, INCLUDING SPECIFIC INFORMATION CONCERNING THE TERMS OF ANY CONTRACT OR TRANSACTION WITH THE FOUNDATION ALL EFFORTS SHOULD BE MADE TO DISCLOSE ANY SUCH CONTRACT OR TRANSACTION AND HAVE IT A PPROVED BY THE COMMITTEE BEFORE THE ARRANGEMENT IS ENTERED INTO FOLLOWING RECEIPT OF INFORMATION CONCERNING A CONTRACT OR TRANSACTION INVOLVING A POTENTIAL CONFLICT OF INTEREST, THE BOARD DUE DILIGENCE COMMITTEE SHALL CONSIDER THE MATERIAL FACTS CONCERNING THE PROPOSED CONTRACT OR TRANSACTION, INCLUDING THE PROCESS BY WHICH THE DECISION WAS MADE TO RECOMMEND ENTERING INTO THE ARRANGEMENT ON THE TERMS PROPOSED THE COMMITTEE SHALL APPROVE ONLY THOSE CONTRACTS OR TRANSACTIONS IN WHICH THE TERMS ARE FAIR AND REASONABLE TO THE FOUNDATION AND THE ARRANGEMENT IS CONSIDERED TO THE FOUNDATION AND THE ARRANGEMENT ON THE TERMS ARE FAIR AND REASONABLE TO THE FOUNDATION AND THE ARRANGEMENT IS CONCEPTS THAT THE FOUNDATION SHOULD PAY NO MORE THAN FAIR MARKET VALUE FOR ANY GOODS OR SERVICES WHICH THE FOUNDATION SHOULD PAY NO MORE THAN FAIR MARKET VALUE FOR ANY GOODS OR SERVICES WHICH THE FOUNDATION SHOULD PAY NO MORE THAN FAIR MARKET VALUE FOR ANY GOODS OR SERVICES WHICH THE FOUNDATION SHOULD PAY NO MORE THAN FAIR MARKET VALUE FOR ANY GOODS OR SERVICES WHICH THE FOUNDATION SHOULD PAY NO MORE THAN FAIR MARKET VALUE FOR ANY GOODS OR SERVICES WHICH THE FOUNDATION SHOULD PAY NO MORE THAN FAIR MARKET VALUE FOR ANY GOODS OR SERVICES WHICH THE FOUNDATION TO THE FOUNDATION SHOULD FOR THE FOUNDATION TO THE FOUN

Return Reference	Explanation
FORM 990,	THE UNIVERSITY HUMAN RESOURCES DEPARTMENT REVIEWS COMPARABLE SALARY DATA MARKET DATA FROM
PART VI,	SALARY SURVEY SOURCES IS USED TO ASSIGN AN ACCURATE VALUE TO THE POSITION IN THE EXTERNAL LABOR
SECTION B,	MARKET SURVEY MATCHES ARE BASED ON THE PRIMARY DUTIES OF THE POSITION THE SURVEY DATA PROVIDES
LINE 15	SALARY AND DEMOGRAPHIC DATA FOR SELECTED POSITIONS NATIONWIDE AND IS REPORTED IN A STATISTICAL
	FORMAT INDICATING THS AVERAGE AND MEDIAN SALARIES AND ADDITIONAL PERCENTILES (I.E. 25TH, 75TH) THE
	UNIVERSITY HR DEPARTMENT REVIEWS COMPARABLE SURVEY DATA WHEN AN EMPLOYEE IS HIRED OR PROMOTED

Return Reference	Explanation
SECTION C, LINE 19	THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, 990 TAX DOCUMENTS, AND FINANCIAL STATEMENTS ARE PUBLISHED ON THE FOUNDATION'S WEBSITE, THE POLICY IQ SOFTWARE, OR ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D)

Return Reference	Explanation	
FORM 990, PART	UCF HIRED A NEW CDO KAREN COCHRAN, EFFECTIVE 02/2016 SINCE SHE WAS NOT A UCF EMPLOYEE IN CALENDAR	ı
VII, SECTION A	YEAR 2015, THEREFORE DID NOT RECEIVE A 2015 W-2, WHICH IS THE TAX DOCUMENT REQUIRED TO BE USED FOR	ı
	EMPLOYEE COMPENSATION ON SCHEDULE J, HENCE NO COMPENSATION IS REPORTED FOR HER IN THIS SECTION JOYCE	ı
	HENCKLER WAS THE CDO OF THE FOUNDATION UP TO 10/31/2015	ı

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE TO EITHER THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Name, address, and EIN (if applicable) of disregarded entity

DLN: 93493131036897 OMB No 1545-0047

SCHEDULE R

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY OF CENTRAL FLORIDA

(Form 990)

FOUNDATION INC

Part I

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(d)

Total income

(c)

Legal domicile (state

or foreign country)

(b)

Primary activity

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

Employer identification number 59-6211832

End-of-year assets

(f)

Direct controlling

entity

For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y			Schedule R (Form	990) 2	2015
							Yes	No
		or foreign country)		(if section 501(c)	(3))	entity	en	ontrolle tity?
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section			(f) Direct controlling	Section	
Part II Identification of Related Tax-Exempt Organizations or more related tax-exempt organizations during the	ations Complete if t e tax year.	he organization an	swered "Yes" o	n Form 990, Part	: IV, lın	e 34 because it h	nad on	е
(2) KNIGHTS KROSSING STUDENT HOUSING LLC 12424 RESEARCH PRKY STE 140 ORLANDO, FL 32826 59-6211832	REAL ESTATE	FL		9,733,000	N/A			
(1) UNIVERSITY OF CENTRAL FLORIDA REAL ESTATE FOUNDATION LLC 12424 RESEARCH PRKY STE 140 ORLANDO, FL 32826 59-6211832	REAL ESTATE	FL		34,702,203				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	egal Direct Predor micile controlling income(ate or entity unrel, reign exclude untry) tax u section		Direct controlling entity	Direct controlling entity	Direct controlling	Direct controlling	Direct controlling	Direct controlling	Direct controlling	Direct controlling	Direct controlling	Direct controlling entity	Direct controlling entity	Direct controlling entity	Direct controlling	Direct controlling	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
] 3117			Yes	No	1	Yes	No																
											\vdash																
Part TV Identification of Polated Organizations Tayable					I.		<u> </u>																				

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

(a) Name, address, and EIN of related organization	Primary activity Legal Direct controlling C corp (state or foreign Direct controlling C corp C corp		Legal Direct controlling Type of entity Share of domicile entity (C corp, S income corp,				(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?		
								Yes	No	

chedule R (Form 990) 2015					Рa	ige 3			
Part V Transactions With Related Organizations Complete if the organization answer	ered "Yes" on 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 re	elated organizations li	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a					
b Gift, grant, or capital contribution to related organization(s)				1b					
c Gift, grant, or capital contribution from related organization(s)				1 c					
d Loans or loan guarantees to or for related organization(s)				1d					
e Loans or loan guarantees by related organization(s)									
f Dividends from related organization(s)				1f					
g Sale of assets to related organization(s)				1 g					
h Purchase of assets from related organization(s)				1h					
i Exchange of assets with related organization(s)				1i					
j Lease of facilities, equipment, or other assets to related organization(s)				1j					
k Lease of facilities, equipment, or other assets from related organization(s)				1k					
Performance of services or membership or fundraising solicitations for related organization(s)				11					
m Performance of services or membership or fundraising solicitations by related organization(s)				1m					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n					
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10					
p Reimbursement paid to related organization(s) for expenses				1p					
				1g					
q Reimbursement paid by related organization(s) for expenses				-4		_			
${f r}$ Other transfer of cash or property to related organization(s)				1r					
s Other transfer of cash or property from related organization(s)				1 s					
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount in	volved	t			
	1								
					-				

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																			
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		501(c)(3) organizations?		501(c)(3) organizations?		501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No							
												1 I							
													<u> </u>						

