efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493092003431

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
THE UNIVERSITY OF FLORIDA FOUNDATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
PO BOX 14425

City or town, state or province, country, and ZIP or foreign postal code
GAINESVILLE, FL 32604

D Employer identification number
59-0974739

E Telephone number
(352) 392-5475

G Gross receipts $ 236,865,942

F Name and address of principal officer:
THOMAS J MITCHELL
PO BOX 14425
GAINESVILLE, FL 32604

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UFF.UFL.EDU

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

L Year of formation: 1964

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF THE UNIVERSITY OF FLORIDA FOUNDATION, INC. IS TO EXCLUSIVELY SUPPORT AND ENHANCE THE UNIVERSITY OF FLORIDA, A COMPREHENSIVE LEARNING INSTITUTION BUILT ON A LAND-GRANT FOUNDATION, IN ITS MISSION OF "EXCELLENCE IN EDUCATION AND RESEARCH AND SHAPING A BETTER FUTURE FOR FLORIDA, THE NATION, AND THE WORLD," AS DETERMINED BY THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES, BY CREATING AWARENESS, BUILDING RELATIONSHIPS, SECURING PRIVATE SUPPORT, RECOGNIZING DONORS, AND PERFORMING ALL BUSINESS-RELATED MATTERS TO ACCOMPLISH THESE PURPOSES.

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	336
6	Total number of volunteers (estimate if necessary)	**6**	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-3,162,621
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	134,954,475	181,786,755
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,976,362	7,219,825
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,687,157	10,534,385
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	148,617,994	199,540,965
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	126,021,072	156,681,808
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,227,609	18,277,509
16a	Professional fundraising fees (Part IX, column (A), line 11e)	803,476	826,706
b	Total fundraising expenses (Part IX, column (D), line 25) ▶15,041,991		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13,896,487	13,810,366
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	155,948,644	189,596,389
19	Revenue less expenses. Subtract line 18 from line 12	-7,330,650	9,944,576

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,103,290,237	2,150,854,726
21	Total liabilities (Part X, line 26)	110,654,611	104,425,017
22	Net assets or fund balances. Subtract line 21 from line 20	1,992,635,626	2,046,429,709

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** 2021-03-24
Signature of officer Date

DAVID CHRISTIE TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-03-24		P01204534

Firm's name ▶ RSM US LLP — Firm's EIN ▶ 42-0714325

Firm's address ▶ 7351 OFFICE PARK PLACE
MELBOURNE, FL 329408229 — Phone no. (321) 751-6200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE UNIVERSITY OF FLORIDA FOUNDATION, INC. IS TO EXCLUSIVELY SUPPORT AND ENHANCE THE UNIVERSITY OF FLORIDA, A COMPREHENSIVE LEARNING INSTITUTION BUILT ON A LAND-GRANT FOUNDATION, IN ITS MISSION OF "EXCELLENCE IN EDUCATION AND RESEARCH AND SHAPING A BETTER FUTURE FOR FLORIDA, THE NATION, AND THE WORLD," AS DETERMINED BY THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES, BY CREATING AWARENESS, BUILDING RELATIONSHIPS, SECURING PRIVATE SUPPORT, RECOGNIZING DONORS, AND PERFORMING ALL BUSINESS-RELATED MATTERS TO ACCOMPLISH THESE PURPOSES.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code: See Additional Data	) (Expenses $	55,473,648	including grants of $	50,839,288) (Revenue $	9,430,045)	
4b	(Code: See Additional Data	) (Expenses $	29,307,736	including grants of $	29,150,061) (Revenue $	43,951)	
4c	(Code: See Additional Data	) (Expenses $	28,508,637	including grants of $	28,508,637) (Revenue $	42,892)	

See Additional Data Table

4d	Other program services (Describe in Schedule O.) (Expenses $	48,254,443	including grants of $	48,183,822) (Revenue $	893,808)		
4e	**Total program service expenses ▶**	161,544,464					

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *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	Yes	
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.			
a	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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
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		No
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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	111		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	336		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	8		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	Yes
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	29		
	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**	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ AK , CA , KY , MD , MI , MN , NH , NJ , NY , OH , OR , SC , UT , WA , WI , CO , DC , NV , ME , LA , MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶DAVID CHRISTIE 1938 W UNIVERSITY AVENUE GAINESVILLE, FL 32603 (352) 392-5475

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,745,532	2,569,603	849,433

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 44

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF FLORIDA INVESTMENT CORP 4510 NW 6TH PLACE 2ND FLOOR GAINESVILLE, FL 32607	INVESTMENT MANAGEMENT	3,055,796
RUFFALOCODY PO BOX 3018 CEDAR RAPIDS, IA 52406	PROFESSIONAL FUNDRAISERS	825,936
MARKETING COMMUNICATION RESOURCE INC 4800 E345TH STREET WILLOUGHBY, OH 44094	PRINTING AND PUBLICATIONS	581,945
OYOVA SOFTWARE LLC 1719 PENMAN ROAD JACKSONVILLE, FL 32250	TECHNOLOGY SERVICES	384,000
TRANSFORMING SOLUTIONS INC 3400 W STONEGATE BLVD ARLINGTON HEIGHTS, IL 60175	CONSULTING SERVICES	308,032

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 19

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	11,850,000			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	169,936,755			
	g Noncash contributions included in lines 1a - 1f:$	1g	34,921,355			
	h **Total.** Add lines 1a-1f . . . . . ▶		181,786,755			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f. . . . . ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		-9,896		-3,250,631	3,240,735
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶		2,609,510	2,609,510		
	6a Gross rents (i) Real 6a: 379,980 (ii) Personal					
	b Less: rental expenses (i) Real 6b: 256,291 (ii) Personal					
	c Rental income or (loss) (i) Real 6c: 123,689 (ii) Personal					
	d Net rental income or (loss) . . . . . ▶		123,689			123,689
	7a Gross amount from sales of assets other than inventory (i) Securities 7a: 44,298,407 (ii) Other					
	b Less: cost or other basis and sales expenses (i) Securities 7b: 37,068,686 (ii) Other					
	c Gain or (loss) (i) Securities 7c: 7,229,721 (ii) Other					
	d Net gain or (loss) . . . . . ▶		7,229,721			7,229,721
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . 8a					
	b Less: direct expenses . . . 8b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities. See Part IV, line 19 . . . 9a					
	b Less: direct expenses . . . 9b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . . 10a					
	b Less: cost of goods sold . . 10b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	900099	7,085,830	7,085,830		
	b TRANSFERS FROM COMPONE	900099	355,723	355,723		
	c REUNIONS AND OTHER EVE	900099	271,623	271,623		
	d All other revenue		88,010		88,010	
	e **Total.** Add lines 11a–11d . . . . . ▶		7,801,186			
	12 **Total revenue.** See instructions . . . . . ▶		199,540,965	10,322,686	-3,162,621	10,594,145

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	156,681,808	156,681,808		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	2,052,962		638,118	1,414,844
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	10,193,506		2,672,172	7,521,334
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,243,237		1,243,237	
9 Other employee benefits	4,787,804		3,013,001	1,774,803
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	36,543	28,238	8,267	38
c Accounting	230,436		230,436	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	826,706			826,706
f Investment management fees	3,675,554	3,675,554		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,365,933	358,304	2,027,496	980,133
12 Advertising and promotion	84,594		1,950	82,644
13 Office expenses	1,426,462	329,207	427,788	669,467
14 Information technology	389,360		346,612	42,748
15 Royalties				
16 Occupancy	77,289	3,082	49,010	25,197
17 Travel	845,564	13,090	62,908	769,566
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	868,061	50,982	592,366	224,713
20 Interest	52,337	52,337		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	840,003	145,853	638,108	56,042
23 Insurance	247,208	13,099	234,109	
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.)				
a MISCELLANEOUS	715,990	0	516,899	199,091
b ENTERTAINMENT	507,852	41,743	11,944	454,165
c DUES & SUBSCRIPTIONS	232,272	151,167	81,105	
d REPAIRS & MAINTENANCE	214,908		214,408	500
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	189,596,389	161,544,464	13,009,934	15,041,991
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).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		6,668,831	1	24,227,830
	2	Savings and temporary cash investments		16,054,645	2	2,004,074
	3	Pledges and grants receivable, net		74,117,143	3	89,967,078
	4	Accounts receivable, net		1,428,154	4	1,293,796
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 79,081,545			
	b	Less: accumulated depreciation	10b 9,670,860	70,557,103	10c	69,410,685
	11	Investments—publicly traded securities		941,988	11	1,048,808
	12	Investments—other securities. See Part IV, line 11		1,884,172,422	12	1,908,408,107
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		49,349,951	15	54,494,348
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,103,290,237	16	2,150,854,726
Liabilities	17	Accounts payable and accrued expenses		2,782,533	17	3,905,875
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,016,100	23	898,589
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		105,855,978	25	99,620,553
	26	**Total liabilities.** Add lines 17 through 25		110,654,611	26	104,425,017
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions			27	
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		114,691,437	29	140,525,073
	30	Paid-in or capital surplus, or land, building or equipment fund		60,117,396	30	61,877,279
	31	Retained earnings, endowment, accumulated income, or other funds		1,817,826,793	31	1,844,027,357
	32	Total net assets or fund balances		1,992,635,626	32	2,046,429,709
	33	Total liabilities and net assets/fund balances		2,103,290,237	33	2,150,854,726

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	199,540,965
2	Total expenses (must equal Part IX, column (A), line 25)	2	189,596,389
3	Revenue less expenses. Subtract line 2 from line 1	3	9,944,576
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,992,635,626
5	Net unrealized gains (losses) on investments	5	41,666,015
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,183,492
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,046,429,709

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 59-0974739

Name: THE UNIVERSITY OF FLORIDA FOUNDATION INC

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

THE UNIVERSITY OF FLORIDA FOUNDATION, INC. RECEIVES AND ADMINISTERS PRIVATE SUPPORT FOR THE UNIVERSITY OF FLORIDA TO CONSTRUCT NEW BUILDINGS AND RENOVATE EXISTING FACILITIES TO ENHANCE THE EDUCATION EXPERIENCE OF ALL STUDENTS.

Form 990, Part III, Line 4c:

THE UNIVERSITY OF FLORIDA FOUNDATION, INC. RECEIVES AND ADMINISTERS PRIVATE SUPPORT FOR THE UNIVERSITY OF FLORIDA FOR DONOR PROVIDED FINANCIAL AID TO QUALIFIED STUDENTS.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses $ 21,733,637 including grants of $ 21,710,306) (Revenue $ 581)

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

(Code:) (Expenses $ 16,895,278 including grants of $ 16,847,988) (Revenue $ 351,206)

THE UNIVERSITY OF FLORIDA FOUNDATION, INC. RECEIVES AND ADMINISTERS PRIVATE SUPPORT FOR THE UNIVERSITY OF FLORIDA FOR RESEARCH FUNDING.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses $ 9,344,290 including grants of $ 9,625,528) (Revenue $ 454,011)

THE UNIVERSITY OF FLORIDA FOUNDATION, INC. RECEIVES AND ADMINISTERS PRIVATE SUPPORT FOR OTHER PURPOSES, INCLUDING, BUT NOT LIMITED TO, SPECIAL EVENTS, PROJECTS AND PROGRAMS WITH MULTIPLE OR BROAD PURPOSES.

(Code:) (Expenses $ 281,238 including grants of $) (Revenue $ 88,010)

THE UNIVERSITY OF FLORIDA FOUNDATION, INC. DEVELOPS PUBLICATIONS TO COMMUNICATE INFORMATION SUPPORTING THE ROLE OF UF AS A STATEWIDE AND NATIONWIDE RESOURCE. APPROXIMATELY 137,081 COPIES OF THE FLORIDA GATOR MAGAZINE WERE DISTRIBUTED DURING THE FISCAL YEAR. THE FOUNDATION ALSO DEVELOPS PROGRAMS THAT IDENTIFY AND ATTRACT STUDENTS AND ENCOURAGE SCHOLARSHIPS FOR SUCH STUDENTS.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
S ANDREW BANKS DIRECTOR	1.00	X						0	0	0
CAROL M BREWER DIRECTOR	1.00	X						0	0	0
SHANNON E CARBONE DIRECTOR	1.00	X						0	0	0
TONYA H CORNILEUS DIRECTOR	1.00	X						0	0	0
MICHAEL D DURHAM DIRECTOR	1.00	X						0	0	0
W KENT FUCHS DIRECTOR	1.00 41.00	X						0	1,126,843	265,331
ELIZABETH D GADSBY DIRECTOR	1.00	X						0	0	0
JOE GLOVER DIRECTOR	1.00 40.00	X						0	543,708	47,631
SCOTT G HAWKINS DIRECTOR	1.00	X						0	0	0
RHONDA D HOLT DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS A MALACHOWSKY DIRECTOR	1.00	X						0	0	0
BETH A MCCAGUE DIRECTOR	1.00	X						0	0	0
LINDA C MCGURN DIRECTOR	1.00	X						0	0	0
MICHAEL V MCKEE DIRECTOR	1.00 40.00	X						0	336,541	104,334
JOELEN K MERKEL DIRECTOR	1.00	X						0	0	0
DAVID W NELMS DIRECTOR	1.00	X						0	0	0
LOUIS H OBERNDORF DIRECTOR	1.00	X						0	0	0
M ANN O'BRIEN DIRECTOR	1.00	X						0	0	0
LINDA S PARKER-HUDSON DIRECTOR	1.00	X						0	0	0
RAHUL PATEL DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTY A POWELL DIRECTOR	1.00	X						0	0	0
KATIE S PRESSLY DIRECTOR	1.00	X						0	0	0
JON W PRITCHETT DIRECTOR	1.00	X						0	0	0
DAVID E RICHARDSON DIRECTOR	1.00 40.00	X						0	345,129	50,092
SACHIO SEMMOTO DIRECTOR	1.00	X						0	0	0
DOUG SOLTIS DIRECTOR	1.00 40.00	X						0	217,382	29,714
RICK STAAB DIRECTOR	1.00	X						0	0	0
JODY R SWANSON DIRECTOR	1.00	X						0	0	0
KAREN H UNGER DIRECTOR	1.00	X						0	0	0
GALE V KING CHAIR	1.00			X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANITA G ZUCKER VICE-CHAIR	1.00			X				0	0	0
THOMAS J MITCHELL EXECUTIVE VICE PRESIDENT	40.00 1.00			X				841,655	0	48,322
DAVID M CHRISTIE TREASURER	40.00			X				210,864	0	40,906
KAREN SPRAGUE SENIOR ASSOCIATE VP	40.00			X				246,532	0	41,949
SUSAN GOFFMAN SECRETARY	40.00			X				190,657	0	16,592
JOSEPH A MANDERNACH SENIOR ASSOCIATE VP	40.00				X			273,454	0	22,479
PAUL CASPERSEN ASSISTANT VP	40.00					X		218,400	0	40,589
MARIA MARTIN ASSISTANT VP	40.00					X		209,407	0	39,521
MARGARET HENDRYX ASSISTANT VP	40.00					X		187,118	0	36,468
JON CANNON EXECUTIVE DIRECTOR	40.00					X		185,533	0	39,092

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN KNIGHT SENIOR LEGAL COUNSEL	40.00					X		181,912	0	26,413

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493092003431

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF FLORIDA FOUNDATION INC

Employer identification number
59-0974739

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	157,419,054	147,342,180	141,476,848	134,954,475	181,786,755	762,979,312
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..	13,197,489	13,944,512	14,195,986	14,527,269	14,714,994	70,580,250
4 **Total.** Add lines 1 through 3	170,616,543	161,286,692	155,672,834	149,481,744	196,501,749	833,559,562
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						23,536,198
6 **Public support.** Subtract line 5 from line 4.						810,023,364

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	170,616,543	161,286,692	155,672,834	149,481,744	196,501,749	833,559,562
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	9,525,045	14,862,142	14,467,946	2,662,046	2,979,594	44,496,773
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	6,936,253	5,703,836	4,302,856	3,879,161	7,713,176	28,535,282
11 **Total support.** Add lines 7 through 10						906,591,617

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	**14**	89.350 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	**15**	88.030 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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 organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** 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 . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			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 509(a)(1) or (2).*	2		
3a	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? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b 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? *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.*	4b		
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 organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
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 the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	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 I of Schedule L (Form 990 or 990-EZ).*	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 9a) 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 9a) 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.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	**11a**		
b	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****.*	**11c**		

Section B. Type I Supporting Organizations

			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 Organizations

			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 control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	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**		
b	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 each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
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**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	**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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	TRANSFERS FROM COMPONENT UNITS MISC REUNIONS EVENTS - 2015 AMOUNT: $ 6,936,253. 2016 AMOUNT: $ 5,703,836. 2017 AMOUNT: $ 4,302,856. 2018 AMOUNT: $ 3,879,161. 2019 AMOUNT: $ 7,713,176.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493092003431

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF FLORIDA FOUNDATION INC

Employer identification number
59-0974739

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate value of contributions to (during year)	0	
3	Aggregate value of grants from (during year)	0	
4	Aggregate value at end of year	1,797	

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

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☑ Protection of natural habitat
☐ Preservation of a certified historic structure
☑ Preservation of open space

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

		Held at the End of the Year
a Total number of conservation easements	2a	1
b Total acreage restricted by conservation easements	2b	0.25
c Number of conservation easements on a certified historic structure included in (a)	2c	0
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 4.00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ 375

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,817,826,793	1,727,399,751	1,605,037,361	1,461,347,379	1,555,703,098
b Contributions	64,189,066	53,823,055	58,785,811	45,827,771	33,209,849
c Net investment earnings, gains, and losses	46,321,146	116,453,654	140,709,370	171,811,218	-53,255,974
d Grants or scholarships	16,510,805	15,777,899	15,292,042	14,737,083	14,722,955
e Other expenditures for facilities and programs	46,588,623	43,990,761	42,390,909	40,436,584	40,710,952
f Administrative expenses	21,210,220	20,081,007	19,449,840	18,775,340	18,875,687
g End of year balance	1,844,027,357	1,817,826,793	1,727,399,751	1,605,037,361	1,461,347,379

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 99.950 %
- c Temporarily restricted endowment ▶ 0.050 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
3a(i) (i) unrelated organizations		No
3a(ii) (ii) related organizations		No
3b b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		58,999,873		58,999,873
b Buildings		8,183,660	5,637,056	2,546,604
c Leasehold improvements				
d Equipment		5,168,193	4,033,804	1,134,389
e Other		6,729,819		6,729,819
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				69,410,685

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMINGLED FUNDS	56,341,776	F
(B) PRIVATE EQUITY	1,852,066,331	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	1,908,408,107	

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY & TRUST LIABILITIES	44,572,311
(3) AMOUNTS INVESTED ON BEHALF OF UF ENTITIES	36,146,659
(4) DEFERRED MANAGEMENT FEES	1,155,763
(5) PROJECT COMMITMENT	200,000
(6) DEFERRED INFLOWS OF RESOURCES: SPLIT-INTEREST AGREEMENTS	14,867,859
(7) DEFERRED INFLOWS OF RESOURCES: EXTERNAL TRUSTS	2,209,049
(8) DEFERRED INFLOWS OF RESOURCES: PENSION	434,631
(9) CONSTRUCTION COMMITMENT	34,281
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	99,620,553

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	257,003,386
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	41,666,015		
b	Donated services and use of facilities	2b	14,714,994		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	4,488,541		
e	Add lines **2a** through **2d**			2e	60,869,550
3	Subtract line **2e** from line **1**			3	196,133,836
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,319,119		
b	Other (Describe in Part XIII.)	4b	88,010		
c	Add lines **4a** and **4b**			4c	3,407,129
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	199,540,965

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	203,209,303
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	14,714,994		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	3,306,050		
e	Add lines **2a** through **2d**			2e	18,021,044
3	Subtract line **2e** from line **1**			3	185,188,259
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,319,119		
b	Other (Describe in Part XIII.)	4b	1,089,011		
c	Add lines **4a** and **4b**			4c	4,408,130
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	189,596,389

Part XIII Supplemental Information

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 information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-0974739

Name: THE UNIVERSITY OF FLORIDA FOUNDATION INC

Supplemental Information

Return Reference	Explanation
PART II, LINE 9:	CONTRIBUTIONS TO THE LAND PRESERVE ARE GENERALLY RECORDED AT THEIR APPRAISED VALUE AT THE DATE OF THE GIFT, AND ARE CONSIDERED BY MANAGEMENT TO BE NON-REVENUE PRODUCING ASSETS. THE VALUE OF THE CONTRIBUTED NON-REVENUE PRODUCING ASSETS IS INCLUDED IN THE STATEMENT OF ACT IVITIES.

Supplemental Information

Return Reference	Explanation
PART III, LINE 1A:	THE FOUNDATION OWNS MOST OF THE COLLECTION OF THE SAMUEL P. HARN MUSEUM OF ART. THESE COLL ECTION ITEMS ARE UNDER THE CONTROL OF THE HARN AND THESE ITEMS ARE CATALOGUED, PRESERVED A ND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE P ERFORMED CONTINUOUSLY. THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH CONTRIBUTIONS AND PURC HASES SINCE INCEPTION, ARE NOT RECOGNIZED ON THE STATEMENT OF NET POSITION. THE FOUNDATION DOES NOT CAPITALIZE ITS PERMANENT COLLECTIONS DUE TO ACCREDIDATION REQUIREMENTS IMPOSED B Y THE AMERICAN ALLIANCE OF MUSEUMS. CONTRIBUTED COLLECTION ITEMS ARE RECORDED AS IN-KIND C ONTRIBUTIONS AND OFFSETTING DECREASES (PROGRAM EXPENSE) IN THE APPROPRIATE NET POSITION CL ASS. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES (PROGRAM EXPENSE) IN THE APPR OPRIATE NET POSITION CLASS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED. PROCEEDS FROM SALE S OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES (OTHER REVENUES) IN THE APPROPRIATE N ET POSITION CLASS.

Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	THE ORGANIZATION RECEIVES AND MAY HOLD ART OBJECTS AND OTHER COLLECTIONS, INCLUDING ARTIFACTS, BOOKS, MANUSCRIPTS, AND DOCUMENTS, EITHER GIFTED TO THE ORGANIZATION FOR THE BENEFIT OF THE UNIVERSITY OF FLORIDA OR ACQUIRED WITH FUNDS GIFTED FOR THAT PURPOSE. THESE OBJECTS ARE HELD FOR USE BY THE UNIVERSITY'S MUSEUMS AND LIBRARIES IN FURTHERANCE OF THE UNIVERSITY'S EDUCATIONAL MISSION.

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	ENDOWMENT FUNDS ARE ESTABLISHED FOR A MULTITUDE OF PURPOSES TO BENEFIT THE UNIVERSITY OF F LORIDA. THE REASONS INCLUDE, BUT ARE NOT LIMITED TO, PROFESSORSHIPS, SCHOLARSHIPS, RESEARC H, FACILITIES AND GENERAL COLLEGE SUPPORT. PART V, ENDOWMENT FUNDS, SUPPLEMENTAL INFORMATI ON: ENDOWMENT NET ASSETS AND ACTIVITY FOR UNIVERSITY OF FLORIDA RELATED ENTITIES ARE NOT I NCLUDED IN THE SCHEDULE ON PART V SINCE THE ACTIVITY OF THE RELATED ENTITIES IS ELIMINATED AND THE NET ASSETS ARE RECORDED AS A HELD ON BEHALF LIABILITY. THE ENDOWMENT NET ASSETS I NCLUDING THOSE ENTITIES AT JUNE 30, 2020 IS AS FOLLOWS: ENDOWMENT NET ASSETS $1,844,027,35 7 HELD ON BEHALF OF UNIVERSITY OF FLORIDA RELATED ENTITIES 2,583,663 TOTAL UNIVERSITY ENDO WMENT $1,846,611,020 THE ENDOWMENT NET ASSETS INCLUDING THOSE ENTITIES AT JUNE 30, 2019 IS AS FOLLOWS: ENDOWMENT NET ASSETS $1,817,826,793 HELD ON BEHALF OF UNIVERSITY OF FLORIDA R ELATED ENTITIES 7,422,739 TOTAL UNIVERSITY ENDOWMENT $1,825,249,532

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE IRC AS AN O RGANIZATION DESCRIBED IN SECTION 501(C)(3). HOWEVER, THE FOUNDATION IS SUBJECT TO INCOME T AX ON UNRELATED BUSINESS INCOME. THE FOUNDATION'S PRIMARY SOURCE OF UNRELATED BUSINESS INC OME IS FROM CERTAIN INVESTMENTS IN PRIVATE EQUITY PARTNERSHIPS. FOR THE FISCAL YEARS ENDED JUNE 30, 2020 AND 2019, THE FOUNDATION HAD CURRENT INCOME TAX EXPENSE AND A CURRENT INCOM E TAX REFUND OF $48,769 AND $3,528, RESPECTIVELY, WHICH ARE INCLUDED AS AN ADJUSTMENT TO I NVESTMENT RETURN IN THE ACCOMPANYING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET P OSITION. THE FOUNDATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND IN V ARIOUS STATE AND LOCAL JURISDICTIONS. TAX PERIODS OPEN TO EXAMINATION BY MAJOR TAXING JURI SDICTIONS TO WHICH THE FOUNDATION IS SUBJECT INCLUDE FISCAL YEARS ENDED JUNE 30, 2017 THRO UGH JUNE 30, 2020. THE FOUNDATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH U.S. GAAP FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS OF THE FOUNDATION.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	UF ALUMNI ASSOCIATION ACTIVITY REPORTED ON SEPARATE RETURN 2,048,758. RENTAL EXPENSES NETTED AGAINST RENTAL REVENUE ON PART VIII 256,291. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 1,121,617. RECLASSIFICATION OF EXPENSE ACCOUNTS ON FINANCIAL STATEMENTS 1,061,875.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	ADVERTISING REVENUE RECLASSIFIED FROM UF ALUMNI ASSOCIATION 88,010.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	UF ALUMNI ASSOCIATION ACTIVITY REPORTED ON SEPARATE RETURN 3,049,759. RENTAL EXPENSES NETTED AGAINST RENTAL REVENUE ON PART VIII 256,291.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	TRANSFERS TO THE UF ALUMNI ASSOCIATION NOT SHOWN FOR BOOK PURPOSES 1,089,011.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2B - DONATED SERVICES AND USE OF FACILITIES	IN-KIND OCCUPANCY RENT 1,431,505 DONATED SERVICES 151,713 FUNDRAISERS' SALARIES AND EXPENS ES PAID BY THE UNIVERSITY OF FLORIDA 13,131,776 TOTAL TO SCHEDULE D, PART XI, LINE 2B 14,7 14,994

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493092003431

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF FLORIDA FOUNDATION INC

Employer identification number
59-0974739

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

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 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? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
RUFFALOCODY 65 KIRKWOOD NORTH ROAD SW CEDAR RAPIDS, IA 52404	PHONE PROGRAM		No	638,083	826,706	-188,623
Total . . . . . ▶				638,083	826,706	-188,623

3 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.

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

Part II **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.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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

c If "Yes," enter name and address of the third party:

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493092003431

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF FLORIDA FOUNDATION INC

Employer identification number
59-0974739

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF FLORIDA PO BOX 113203 GAINESVILLE, FL 32611	59-6002052		12,132,570				SCHOLARSHIPS
UNIVERSITY OF FLORIDA PO BOX 113203 GAINESVILLE, FL 32611	59-6002052			2,648,449	APPRAISAL, FMV	NON-CASH DONATIONS OF TANGIBLE PROPERTY	UNIVERSITY PROGRAMS OTHER THAN SCHOLARSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF FLORIDA PO BOX 113203 GAINESVILLE, FL 32611	59-6002052		140,811,778				UNIVERSITY PROGRAMS OTHER THAN SCHOLARSHIPS
UF ALUMNI ASSOCIATION PO BOX 14425 GAINESVILLE, FL 32604	59-2911059	501(C)(3)	1,089,011				UNIVERSITY PROGRAMS OTHER THAN SCHOLARSHIPS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493092003431

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF FLORIDA FOUNDATION INC

Employer identification number
59-0974739

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**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 on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

Additional Data

Software ID:

Software Version:

EIN: 59-0974739

Name: THE UNIVERSITY OF FLORIDA FOUNDATION INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1W KENT FUCHS DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	900,594	0	226,249	245,111	20,220	1,392,174	0
1JOE GLOVER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	484,708	50,000	9,000	37,054	10,577	591,339	0
2MICHAEL V MCKEE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	324,859	0	11,682	81,779	22,555	440,875	0
3DAVID E RICHARDSON DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	345,129	0	0	30,145	19,947	395,221	0
4DOUG SOLTIS DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	212,382	0	5,000	18,551	11,163	247,096	0
5THOMAS J MITCHELL EXECUTIVE VICE PRESIDENT	(i)	577,950	50,000	213,705	24,388	23,934	889,977	0
	(ii)	0	0	0	0	0	0	0
6DAVID M CHRISTIE TREASURER	(i)	204,199	0	6,665	18,289	22,617	251,770	0
	(ii)	0	0	0	0	0	0	0
7KAREN SPRAGUE SENIOR ASSOCIATE VP	(i)	237,061	0	9,471	20,323	21,626	288,481	0
	(ii)	0	0	0	0	0	0	0
8SUSAN GOFFMAN SECRETARY	(i)	190,657	0	0	16,549	43	207,249	0
	(ii)	0	0	0	0	0	0	0
9JOSEPH A MANDERNACH SENIOR ASSOCIATE VP	(i)	256,372	0	17,082	22,436	43	295,933	0
	(ii)	0	0	0	0	0	0	0
10PAUL CASPERSEN ASSISTANT VP	(i)	206,368	0	12,032	18,442	22,147	258,989	0
	(ii)	0	0	0	0	0	0	0
11MARIA MARTIN ASSISTANT VP	(i)	197,817	0	11,590	17,663	21,858	248,928	0
	(ii)	0	0	0	0	0	0	0
12MARGARET HENDRYX ASSISTANT VP	(i)	185,634	0	1,484	15,889	20,579	223,586	0
	(ii)	0	0	0	0	0	0	0
13JON CANNON EXECUTIVE DIRECTOR	(i)	183,550	0	1,983	16,480	22,612	224,625	0
	(ii)	0	0	0	0	0	0	0
14JOHN KNIGHT SENIOR LEGAL COUNSEL	(i)	180,470	0	1,442	15,444	10,969	208,325	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493092003431

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF FLORIDA FOUNDATION INC

Employer identification number
59-0974739

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art	X	26	386,760	FAIR MARKET VALUE
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		19,312	FAIR MARKET VALUE
5	Clothing and household goods				
6	Cars and other vehicles	X	4	35,529	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	146	29,334,610	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	X	6	1,155,298	FAIR MARKET VALUE
16	Real estate—Commercial	X	1	660,000	FAIR MARKET VALUE
17	Real estate—Other	X	3	345,700	FAIR MARKET VALUE
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens	X	30	203,286	FAIR MARKET VALUE
24	Archeological artifacts				
25	Other ▶ (EQUIPMENT AND SUPPLIES)	X	188	2,779,166	FAIR MARKET VALUE
26	Other ▶ (AUCTION ITEMS)	X	55	1,634	FAIR MARKET VALUE
27	Other ▶ (SPONSORSHIP TICKETS/MEDIA)	X	1	60	FAIR MARKET VALUE
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 20

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF UNIQUE CONTRIBUTIONS RECEIVED.
PART I, LINE 32B:	THE FOUNDATION USES AUCTION HOUSES AND THIRD-PARTY BROKERS TO SELL DONATED PROPERTY.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493092003431

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF FLORIDA FOUNDATION INC

Employer identification number
59-0974739

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A	THE 336 EMPLOYEES REPORTED ON FORM 990 PART V, LINE 2A, ARE LEGALLY UNIVERSITY OF FLORIDA EMPLOYEES, BUT 100% OF THEIR TIME IS DEDICATED TO THE UNIVERSITY OF FLORIDA FOUNDATION, IN C. THE UNIVERSITY OF FLORIDA ACTS AS AN AGENT FOR PAYROLL SERVICES FOR THE FOUNDATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE EXECUTIVE BOARD IS COMPOSED OF ELECTED DIRECTORS AND EX-OFFICIO OFFICERS. CANDIDATES F OR ELECTED DIRECTORS WILL BE REVIEWED BY THE BOARD NOMINATING ADVISORY COMMITTEE AND EACH CANDIDATE WILL BE SUBJECT TO CONFIRMATION BY THE UNIVERSITY PRESIDENT PRIOR TO STANDING FO R ELECTION. THE EXECUTIVE BOARD WILL ELECT THE DIRECTORS FROM THE CONFIRMED BOARD NOMINATI NG ADVISORY COMMITTEE SLATE, SUBJECT TO CONFIRMATION BY THE BOARD OF TRUSTEES BEFORE THEIR TERM COMMENCES. THE EX-OFFICIO DIRECTORS ARE FULL VOTING MEMBERS OF THE EXECUTIVE BOARD A ND ARE: ONE APPOINTEE OF THE CHAIR OF THE BOARD OF TRUSTEES OR OF HIS OR HER DESIGNEE, THE UNIVERSITY PRESIDENT OR HIS OR HER DESIGNEE, TWO MEMBERS APPOINTED BY THE UNIVERSITY PRES IDENT, THE CHAIR OF THE DEANS/DIRECTORS DEVELOPMENT COUNCIL, A FACULTY REPRESENTATIVE CHOS EN BY THE EXECTUIVE VICE PRESIDENT IN CONSULTAION WITH UNIVERSITY AND FACULTY SENATE LEADE RSHIP TO SERVE A TWO-YEAR TERM, THE IMMEDIATE PAST CHAIR OF THE FOUNDATION, AND THE CHAIRS OF THE FOLLOWING DESIGNATED COMMITTEES: BOARD NOMINATING, AUDIT, FINANCE, GOVERNANCE, PHI LANTHROPY AND DONOR RELATIONS, AND TALENT MANAGEMENT. THE CHAIRS AND VICE CHAIRS OF EACH O F THE DESIGNATED COMMITTEES WILL BE REVIEWED BY THE BOARD NOMINATING ADVISORY COMMITTEE, A ND ELECTED BY THE EXECUTIVE BOARD FOR 2 YEAR TERMS FROM THE BOARD NOMINATING ADVISORY COMM ITTEE SLATE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ALL AMENDMENTS TO THE BYLAWS AND ARTICLES ARE SUBJECT TO APPROVAL BY THE UNIVERSITY OF FLO RIDA BOARD OF TRUSTEES AND THE PRESIDENT. ALL AMENDMENTS TO THE BYLAWS ARE SUBJECT TO APPR OVAL BY THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEE CHAIR, WITH NOTICE TO THE VICE CHAIR, A ND THE PRESIDENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AS BEST PRACTICES DICTATES, THE IRS FORM 990 WAS REVIEWED AND APPROVED BY THE AUDIT COMMIT TEE PRIOR TO ITS FILING. THE BOARD OF DIRECTORS OFFICIALLY DELEGATED THE RESPONSIBILITY FO R REVIEWING THE FORM 990 TO THE AUDIT COMMITTEE BY MOTION ADOPTED BY THE FULL BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST PROVISION OF THE FOUNDATION'S BYLAWS REQUIRES DISCLOSURE OF CONFL ICTS. AT THE BEGINNING OF EACH FISCAL YEAR, DISCLOSURE FORMS ARE SENT TO EACH DIRECTOR AND OFFICER. ANY RESPONSES INDICATING A POSSIBLE CONFLICT ARE REVIEWED BY LEGAL COUNSEL AND T HE ASSOCIATE VICE PRESIDENT TO DETERMINE WHETHER FURTHER ACTION IS NECESSARY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR MANAGEMENT IS REVIEWED AND SET BY THE PRESIDENT OF THE UNIVERSITY OF FLOR IDA, OR HIS DESIGNEE, IN ACCORDANCE WITH THE UNIVERSITY'S POLICIES. THESE POLICIES REQUIRE THAT COMPARABLE DATA BE USED TO DETERMINE THAT MANAGEMENT IS COMPENSATED FAIRLY AND COMPE TITIVELY WHEN COMPARED TO SIMILAR ROLES IN OTHER UNIVERSITY FOUNDATIONS NATIONALLY. DISCUS SIONS AND DECISIONS PERTAINING TO MATTERS OF COMPENSATION ARE DOCUMENTED IN ACCORDANCE WIT H UNIVERSITY, FOUNDATION, AND INDUSTRY GUIDELINES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL ARE AVAILABLE ON THE UNIVERSITY OF FLORIDA FOUNDATION'S WEBSITE AND UPON REQUEST FOR T HE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN E	BOARD MEMBER W. KENT FUCHS IS AN EMPLOYEE OF THE UNIVERSITY OF FLORIDA, A RELATED ORGANIZATION. HE IS NOT COMPENSATED BY THE UNIVERSITY OF FLORIDA FOUNDATION NOR DOES HE PERFORM SERVICES FOR THE FOUNDATION AS A UNIVERSITY EMPLOYEE. CERTAIN GOVERNMENTAL ENTITIES INCLUDING STATE COLLEGES AND UNIVERSITIES THAT ARE NOT RECOGNIZED UNDER 501(C) ARE NOT SUBJECT TO SECTION 4960 EXCISE TAX ON EXECUTIVE COMPENSATION. THE UNIVERSITY OF FLORIDA IS A STATE UNIVERSITY, AND IS NOT CONSIDERED TO BE AN APPLICABLE TAX-EXEMPT ORGANIZATION UNDER SECTION 4960.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII, LINE 11A	MISCELLANEOUS REVENUES IN FY2020 INCLUDES A $5,099,039 CREDIT DUE TO THE ELIMINATION OF TH E HELD ON BEHALF LIABILITY FOR THE UNIVERSITY OF FLORIDA LAW CENTER ASSOCIATION, INC. (LCA), PREVIOUSLY, A DIRECT-SUPPORT ORGANIZATION (DSO) OF THE UNIVERSITY OF FLORIDA. LCA WAS D ECERTIFIED AS A DSO AS OF JULY 1, 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	RECLASSIFICATION OF EXPENSE ACCOUNTS ON CONSOLIDATED FINANCIAL STATEMENTS 1,061,875. CHANG E IN VALUE OF SPLIT INTEREST AGREEMENTS 1,121,617.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE PROCESS FOR SELECTING THE INDEPENDENT AUDITOR HAS REMAINED THE SAME. THE REQUEST FOR P ROPOSAL (RFP) PROCESS IS EVERY TEN YEARS TO ALIGN WITH THE FIVE YEAR PARTNER ROTATION.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493092003431

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF FLORIDA FOUNDATION INC

Employer identification number
59-0974739

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) FLORIDA PRIVATE INVESTMENTS FUND LP 800 SW 2ND AVENUE THIRD FLOOR GAINESVILLE, FL 32601 27-0277240	INVESTMENT IN OTHER ENTITIES	DE	UNIVERSITY OF FLORIDA INVESTMENT CORPORATION	EXCLUDED FROM TAX				No			No	
(2) FLORIDA LONG TERM POOL FUND LP 800 SW 2ND AVENUE THIRD FLOOR GAINESVILLE, FL 32601 27-0277090	INVESTMENT IN OTHER ENTITIES	DE	UNIVERSITY OF FLORIDA INVESTMENT CORPORATION	EXCLUDED FROM TAX				No			No	
(3) FLORIDA SHORT-TERM POOL FUND LP 800 SW 2ND AVENUE THIRD FLOOR GAINESVILLE, FL 32601 27-0276790	INVESTMENT IN OTHER ENTITIES	DE	UNIVERSITY OF FLORIDA INVESTMENT CORPORATION	EXCLUDED FROM TAX				No			No	
(4) FLORIDA GLOBAL EQUITY FUND LLC 800 SW 2ND AVENUE THIRD FLOOR GAINESVILLE, FL 32601 27-0276884	INVESTMENT IN OTHER ENTITIES	DE	UNIVERSITY OF FLORIDA INVESTMENT CORPORATION	EXCLUDED FROM TAX				No			No	
(5) FLORIDA GLOBAL FIXED INCOME FUND LLC 800 SW 2ND AVENUE THIRD FLOOR GAINESVILLE, FL 32601 27-0277004	INVESTMENT IN OTHER ENTITIES	DE	UNIVERSITY OF FLORIDA INVESTMENT CORPORATION	EXCLUDED FROM TAX				No			No	
(6) FLORIDA HEDGED STRATEGIES FUND LLC 800 SW 2ND AVENUE THIRD FLOOR GAINESVILLE, FL 32601 27-0277727	INVESTMENT IN OTHER ENTITIES	DE	UNIVERSITY OF FLORIDA INVESTMENT CORPORATION	EXCLUDED FROM TAX				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)CHARITABLE REMAINDER TRUSTS (91)	SUPPORT	FL		T					No
(2)POOLED INCOME FUND (2)	SUPPORT	FL		T					No
(3)CHARITABLE LEAD TRUST (1)	SUPPORT	FL		T					No
(4)CHARITABLE REMAINDER TRUST (1)	SUPPORT	MD		T					No

Part V Transactions With Related Organizations. Complete if the organization answered "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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-0974739

Name: THE UNIVERSITY OF FLORIDA FOUNDATION INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 113203 GAINESVILLE, FL 32611 59-6002052	UNIVERSITY	FL					No
2012 W UNIVERSITY AVE GAINESVILLE, FL 32603 59-2911059	DIRECT SUPPORT ORGANIZATION	FL	501(C)(3)	LINE 7	UNIVERSITY OF FLORIDA		No
PO BOX 14485 GAINESVILLE, FL 32604 59-6002050	ATHLETIC PROGRAMS	FL	501(C)(3)	LINE 5	UNIVERSITY OF FLORIDA		No
PO BOX 115500 GAINESVILLE, FL 32611 59-2729133	PROMOTE RESEARCH ACTIVITIES	FL	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		No
1329 SW 16TH STREET NO 2204 GAINESVILLE, FL 32610 46-1185106	HEALTH INSURANCE MANAGEMENT	FL	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		No
PO BOX 309 GREENWOOD, FL 32443 59-0931036	AGRICULTURE	FL	501(C)(3)	LINE 5	UNIVERSITY OF FLORIDA		No
PO BOX 113135 GAINESVILLE, FL 32611 35-2427022	INNOVATION	FL	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		No
PO BOX 13796 GAINESVILLE, FL 32604 59-0737883	ATHLETICS SUPPORT	FL	501(C)(3)	LINE 5	UNIVERSITY OF FLORIDA		No
700 EXPERIMENT STATION ROAD LAKE ALFRED, FL 33850 26-4825142	AGRICULTURAL RESEARCH	FL	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		No
1604 MCCARTY DRIVE NO 1040 GAINESVILLE, FL 32611 59-1000186	YOUTH PROGRAMS	FL	501(C)(3)	LINE 7	UNIVERSITY OF FLORIDA		No
PO BOX 110750 GAINESVILLE, FL 32611 59-3104978	AGRICULTURE EDUCATION	FL	501(C)(3)	LINE 10	UNIVERSITY OF FLORIDA		No
800 SW 2ND AVENUE THIRD FLOOR GAINESVILLE, FL 32601 20-1226494	INVESTMENT MANAGEMENT	FL	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		No
PO BOX 115350 GAINESVILLE, FL 32611 27-4751236	PROPERTY PRESERVATION	FL	501(C)(3)	LINE 7	UNIVERSITY OF FLORIDA		No
2686 STATE ROAD 29 NORTH IMMOKALEE, FL 34142 65-0325899	RESEARCH SUPPORT	FL	501(C)(3)	LINE 10	UNIVERSITY OF FLORIDA		No
800 SHAKERAG ROAD KISSIMMEE, FL 34744 81-2582655	CATTLE RESEARCH	FL	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UNIVERSITY OF FLORIDA	B	155,592,796	FMV
UNIVERSITY OF FLORIDA	C	12,308,852	FMV
UNIVERSITY OF FLORIDA	E	-17,511	FMV
UNIVERSITY OF FLORIDA	E	33,911,546	FMV
UNIVERSITY OF FLORIDA	J	169,985	FMV
UNIVERSITY OF FLORIDA	K	1,431,505	FMV
UNIVERSITY OF FLORIDA	O	13,434,462	FMV
UNIVERSITY OF FLORIDA	Q	-458,852	FMV