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PUBLIC DISCLOSURE COPY

UNIVERSITY OF CENTRAL FLORIDA
FOUNDATION, INC.
12424 RESEARCH PARKWAY, NO. 140
ORLANDO, FL 32826

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027



UNIVERSITY OF CENTRAL FLORIDA
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12424 RESEARCH PARKWAY, NO. 140
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DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027



FORM 990-T

Form **990**

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

OMB No. 1545-0047

2012

Department of the Treasury
 Internal Revenue Service

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 **and ending** JUN 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 12424 RESEARCH PARKWAY 140 City, town, or post office, state, and ZIP code ORLANDO, FL 32826 F Name and address of principal officer: ALBERT J. FRANCIS II, CPA SAME AS C ABOVE	D Employer identification number 59-6211832 E Telephone number 407-882-1220 G Gross receipts \$ 53,190,173. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UCFFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1968 M State of legal domicile: FL

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE UCF FOUNDATION ENCOURAGES, STEWARDS AND CELEBRATES CHARITABLE CONTRIBUTIONS FROM ALUMNI AND</u>			
	2 Check this box <input type="checkbox"/> 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	35
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	600
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	136,524.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	121,972.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	21,373,139.	25,608,046.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,267,964.	2,481,184.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,102,504.	4,298,782.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,693,979.	3,516,857.
	12		31,437,586.	35,904,869.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,605,038.	12,485,717.
	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)	9,303,431.	9,016,686.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	301,699.	244,684.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,523,356.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,174,472.	5,070,672.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,384,640.	26,817,759.
19	Revenue less expenses. Subtract line 18 from line 12	6,052,946.	9,087,110.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	244,702,385.	263,770,330.
	22	Net assets or fund balances. Subtract line 21 from line 20	38,657,279.	36,979,012.
22		206,045,106.	226,791,318.	

Part II Signature Block

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

Sign Here	▶ Signature of officer ALBERT J. FRANCIS II, CPA, CFO				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name THERESA A. BURDINE, CPA	Preparer's signature <i>Theresa Burdine</i>	Date 2/14/14	Check if self-employed <input type="checkbox"/>	PTIN P00362629
	Firm's name ▶ MCGLADREY LLP	Firm's EIN ▶ 42-0714325		Phone no. 321-751-6200	
	Firm's address ▶ 7351 OFFICE PARK PL MELBOURNE, FL 32940				



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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE UCF FOUNDATION ENCOURAGES, STEWARDS AND CELEBRATES CHARITABLE CONTRIBUTIONS FROM ALUMNI AND FRIENDS TO SUPPORT THE UNIVERSITY OF CENTRAL FLORIDA.

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:) (Expenses \$ 5,992,524. including grants of \$ 5,992,374.) (Revenue \$ 1,891,482.)
ATHLETICS EXPENSES PAID IN SUPPORT OF THE UNIVERSITY OF CENTRAL FLORIDA
ATHLETICS PROGRAM ENHANCE THE OVERALL ACADEMIC AND ATHLETIC EXPERIENCE FOR STUDENTS AND HELP PROVIDE FUNDS NECESSARY FOR UCF ATHLETICS TO CONTINUE DEVELOPING A NATIONALLY COMPETITIVE ATHLETICS PROGRAM. FUNDS ASSIST UCF ATHLETICS IN PROVIDING THE RESOURCES NECESSARY FOR UCF STUDENT ATHLETES TO SUCCEED IN THE CLASSROOM AND IN COMPETITION.

4b (Code:) (Expenses \$ 3,482,647. including grants of \$ 2,379,818.) (Revenue \$ 141,325.)
ACADEMIC EXPENSES PAID IN SUPPORT OF THE UNIVERSITY OF CENTRAL FLORIDA PROGRAMS INCLUDE FUNDING PROGRAM EXPENSES AND SALARIES FOR UNIVERSITY EMPLOYEES. ACADEMIC SUPPORT HELPS THE UNIVERSITY'S OUTSTANDING FACULTY INSPIRE STUDENTS, FOSTER AND ENHANCE STRONG ACADEMIC PROGRAMS, AND SERVE AS A KEY ELEMENT TO INSTITUTIONAL GREATNESS. ENDOWED CHAIRS, EMINENT SCHOLARS, AND DISTINGUISHED PROFESSORS ARE PRESTIGIOUS ACADEMIC POSITIONS HELD BY THE UNIVERSITY'S MOST ACCOMPLISHED FACULTY. SPENDING TO SUPPORT THESE POSITIONS MEANS THAT ACADEMIC EXCELLENCE WILL BE MAINTAINED AND SUPPORT FOR RESEARCH PROJECTS AND INNOVATIVE PROGRAMS ARE AT THE HEART OF THE UCF LEARNING EXPERIENCE. OPPORTUNITIES, CURRICULUM DEVELOPMENT, INTERNSHIPS, INTERDISCIPLINARY WORK, EXPERIENTIAL LEARNING, AND ACADEMIC ENRICHMENT REQUIRE PRIVATE SUPPORT.

4c (Code:) (Expenses \$ 3,779,443. including grants of \$ 3,766,829.) (Revenue \$ 1,138.)
STUDENT AID - THE UCF FOUNDATION IS DEDICATED TO ENRICHING THE LIVES OF UCF STUDENTS; THEREFORE, THE FOUNDATION SOLICITS DONATIONS TO SUPPORT SCHOLARSHIPS TO BENEFIT UCF STUDENTS. SCHOLARSHIPS ARE DESIGNED TO REWARD, ENCOURAGE AND ASSIST STUDENTS IN PURSUING ACADEMIC EXCELLENCE. SCHOLARSHIPS HELP ATTRACT A DIVERSE STUDENT BODY THAT CONTINUES TO BRING VARIOUS TALENTS AND AMBITIOUS GOALS TO ALL FACETS OF THE UNIVERSITY. SCHOLARSHIP FUNDS ARE TRANSFERRED TO THE UNIVERSITY FOR ADMINISTRATION AND PROCESSING.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 4,028,575. including grants of \$ 346,696.) (Revenue \$ 1,376,502.)

4e Total program service expenses 17,283,189.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	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)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	35		
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	33		
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?		X	
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?			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6 Did the organization have members or stockholders?			X
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?			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?		X	
b Each committee with authority to act on behalf of the governing body?		X	
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			X

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?	X	
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?	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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		X
b Other officers or key employees of the organization		X
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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AK, CA, KY, MD, MA, MI, MN, NH, NJ, NY, OK, OR
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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, physical address, and telephone number of the person who possesses the books and records of the organization: ALBERT J. FRANCIS II, CPA - 407-882-1220
 12424 RESEARCH PARKWAY SUITE 140, ORLANDO, FL 32826

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

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

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

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

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

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

Check this box if neither the organization 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 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			
(1) JUDY ALBERTSON DIRECTOR/CHAIR	1.00	X		X				0.	0.	0.
(2) RICHARD O. BALDWIN, JR. DIRECTOR	1.00	X						0.	0.	0.
(3) SCOTT BUESCHER DIRECTOR	1.00	X						0.	0.	0.
(4) HANY M. GIRGIS DIRECTOR	1.00	X						0.	0.	0.
(5) JAMES R. HOPES DIRECTOR	1.00	X						0.	0.	0.
(6) PHYLLIS KLOCK DIRECTOR/VICE-CHAIR	1.00	X		X				0.	0.	0.
(7) RONALD C. THOW DIRECTOR/SECRETARY	1.00	X		X				0.	0.	0.
(8) RAJESH S. TOLETTI DIRECTOR	1.00	X						0.	0.	0.
(9) RICHARD WALSH DIRECTOR	1.00	X						0.	0.	0.
(10) BRUCE K. GOULD DIRECTOR	1.00	X						0.	0.	0.
(11) RITA A. LOWNDES DIRECTOR	1.00	X						0.	0.	0.
(12) MICHAEL MANGLARDI DIRECTOR/IMM PAST CHAIR	1.00	X		X				0.	0.	0.
(13) ANTHONY J. CONNELLY DIRECTOR	1.00	X						0.	0.	0.
(14) JAMES A. JAHNA, SR. DIRECTOR	1.00	X						0.	0.	0.
(15) NELSON J. MARCHIOLI DIRECTOR	1.00	X						0.	0.	0.
(16) MARGERY PABST DIRECTOR	1.00	X						0.	0.	0.
(17) JOHN R. SPROULS DIRECTOR	1.00	X						0.	0.	0.

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 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			
(18) JAMES W. FERRELL DIRECTOR/CO-VICE CHAIR	1.00	X		X				0.	0.	0.
(19) DR. JOHN C. HITT EX-OFFICIO DIRECTOR/PRESIDENT OF UCF	1.00	X						0.	0.	0.
(20) MARCOS MARCHENA DIRECTOR	1.00	X						0.	0.	0.
(21) LARRY F. TOBIN DIRECTOR/TREASURER	1.00	X		X				0.	0.	0.
(22) RITA ADLER DIRECTOR	1.00	X						0.	0.	0.
(23) MELANIE FERNANDEZ DIRECTOR	1.00	X						0.	0.	0.
(24) KEITH J. FLANNERY DIRECTOR	1.00	X						0.	0.	0.
(25) PHILIP L. KEAN DIRECTOR	1.00	X						0.	0.	0.
(26) SURESH GUPTA DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,425,742.	0.	204,812.
d Total (add lines 1b and 1c)								1,425,742.	0.	204,812.

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 **9**

	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		X
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	X	
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	X	

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
MECHANICAL SERVICES OF CENTRAL FLORIDA 9820 SATELLITE BLVD., ORLANDO, FL 32837	HVAC/MECHANICAL SERVICES	972,320.
CUSHMAN & WAKEFIELD 12424 RESEARCH PARKWAY, ORLANDO, FL 32826	BUILDING MANAGEMENT SERVICES	541,503.
D & A BUILDING SERVICES, INC. 321 GEORGIA AVENUE, LONGWOOD, FL 32750	MAINTENANCE	395,717.
ARAMARK - UCF DINING SERVICES, INC., 4000 CENTRAL FLORIDA BOULEVARD, SRC 109,	CATERING SERVICES	300,853.
LANE PRESS, INC. PO BOX 130, BURLINGTON, VT 05402	PRINTING SERVICES	260,888.

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 **17**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for directors and officers like ANTHONY J. NICHOLSON and ROBERT J. HOLMES, JR.

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b 3,774,175.				
	c Fundraising events	1c 565,039.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 6,268,227.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 15,000,605.				
	g Noncash contributions included in lines 1a-1f: \$	6,447,043.				
	h Total. Add lines 1a-1f	▶ 25,608,046.				
	Program Service Revenue	2 a PROGRAM REVENUES	Business Code 611710	2,481,184.	2,481,184.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 2,481,184.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 2,799,416.			2,799,416.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶ 248,729.		55,834.	192,895.	
	6 a Gross rents	(i) Real	9,754,998.			
		(ii) Personal				
		b Less: rental expenses	6,901,726.			
		c Rental income or (loss)	2,853,272.			
	d Net rental income or (loss)	▶ 2,853,272.			2,853,272.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	11,617,266.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	10,117,900.			
		c Gain or (loss)	1,499,366.			
	d Net gain or (loss)	▶ 1,499,366.			1,499,366.	
	8 a Gross income from fundraising events (not including \$ 565,039. of contributions reported on line 1c). See Part IV, line 18	a	219,277.			
		b Less: direct expenses	254,441.			
c Net income or (loss) from fundraising events		▶ -35,164.			-35,164.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a	14,952.				
	b Less: cost of goods sold	11,237.				
	c Net income or (loss) from sales of inventory	▶ 3,715.		3,715.		
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS REVENUE		900099	369,330.	369,330.		
	b ADVERTISING REVENUE	541800	76,975.	76,975.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶ 446,305.				
12 Total revenue. See instructions.	▶ 35,904,869.	2,850,514.	136,524.	7,309,785.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	12,416,661.	12,416,661.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	69,056.	69,056.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	783,141.		410,633.	372,508.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,570,140.	1,896,125.	2,482,005.	2,192,010.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	301,810.	59,042.	129,200.	113,568.
9 Other employee benefits	859,954.	152,028.	417,634.	290,292.
10 Payroll taxes	501,641.	81,200.	218,276.	202,165.
11 Fees for services (non-employees):				
a Management				
b Legal	7,672.		7,672.	
c Accounting	104,506.		104,506.	
d Lobbying	160,676.	160,676.		
e Professional fundraising services. See Part IV, line 17	244,684.			244,684.
f Investment management fees	226,030.		226,030.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	311,182.	185,666.	60,462.	65,054.
12 Advertising and promotion	220,219.	177,895.	23,898.	18,426.
13 Office expenses	462,900.	151,765.	87,512.	223,623.
14 Information technology	470,496.	40,048.	378,535.	51,913.
15 Royalties				
16 Occupancy	1,595.		840.	755.
17 Travel	395,402.	284,958.	8,328.	102,116.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	558,762.	426,079.	30,060.	102,623.
20 Interest	228,326.	166,311.	62,015.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	132,192.	6,667.	125,525.	
23 Insurance	90,730.	26,860.	61,720.	2,150.
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 BANQUETS & RECEPTIONS	592,965.	386,852.	1,398.	204,715.
b PRINTING & REPRODUCTION	206,099.	37,364.	4,524.	164,211.
c RENTAL FACILITIES, EQUI	182,952.	72,456.	48,267.	62,229.
d PROGRAMING FEES	139,985.	139,985.		
e All other expenses	577,983.	345,495.	122,174.	110,314.
25 Total functional expenses. Add lines 1 through 24e	26,817,759.	17,283,189.	5,011,214.	4,523,356.
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 to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	102,100.	1	101,900.
	2 Savings and temporary cash investments	16,012,879.	2	19,512,915.
	3 Pledges and grants receivable, net	7,608,727.	3	7,853,662.
	4 Accounts receivable, net	143,003.	4	309,535.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	128,905.	7	148,678.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	677,122.	9	814,312.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 98,450,256.		
	b Less: accumulated depreciation	10b 18,387,266.	74,305,291.	10c 80,062,990.
	11 Investments - publicly traded securities	138,773,639.	11	147,180,602.
	12 Investments - other securities. See Part IV, line 11	6,797,014.	12	7,630,230.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	153,705.	15	155,506.
16 Total assets. Add lines 1 through 15 (must equal line 34)	244,702,385.	16	263,770,330.	
Liabilities	17 Accounts payable and accrued expenses	2,227,016.	17	2,083,147.
	18 Grants payable	52,964.	18	
	19 Deferred revenue	2,750,928.	19	2,936,958.
	20 Tax-exempt bond liabilities	24,455,297.	20	23,983,967.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	8,184,608.	23	7,069,603.
	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	986,466.	25	905,337.
	26 Total liabilities. Add lines 17 through 25	38,657,279.	26	36,979,012.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	47,542,936.	30	58,766,981.
	31 Paid-in or capital surplus, or land, building, or equipment fund	44,282,745.	31	51,462,909.
	32 Retained earnings, endowment, accumulated income, or other funds	114,219,425.	32	116,561,428.
33 Total net assets or fund balances	206,045,106.	33	226,791,318.	
34 Total liabilities and net assets/fund balances	244,702,385.	34	263,770,330.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,904,869.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,817,759.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,087,110.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	206,045,106.
5	Net unrealized gains (losses) on investments	5	11,659,102.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	226,791,318.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
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		

Form **990** (2012)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,964,623.	9,517,813.	18,829,145.	21,373,139.	25,608,046.	90,292,766.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14,964,623.	9,517,813.	18,829,145.	21,373,139.	25,608,046.	90,292,766.
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)						1,327,708.
6 Public support. Subtract line 5 from line 4.						88,965,058.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	14,964,623.	9,517,813.	18,829,145.	21,373,139.	25,608,046.	90,292,766.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,430,141.	6,511,937.	5,469,582.	5,312,228.	5,845,583.	31,569,471.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,013,399.	210,210.	165,722.	158,140.	136,524.	1,683,995.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	132,621.	3,757.	2,469.	12,429.	369,330.	520,606.
11 Total support. Add lines 7 through 10						124,066,838.
12 Gross receipts from related activities, etc. (see instructions)					12	8,570,148.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	71.71	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	70.59	%
16a 33 1/3% support test - 2012. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. 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	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2011 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2012. 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. 19b 33 1/3% support tests - 2011. 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.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

UNIVERSITY OF CENTRAL FLORIDA
FOUNDATION, INC.

Employer identification number

59-6211832

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	Employer identification number 59-6211832
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 5,659,813.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____ _____ _____	\$ 608,414.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ _____	\$ 1,073,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ _____	\$ 6,000,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	Employer identification number 59-6211832
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	NORTHVIEW LAND <hr/> <hr/> <hr/> <hr/>	\$ 6,000,000.	10/10/12
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	Employer identification number 59-6211832
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ **See separate instructions.**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

Name of organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	Employer identification number 59-6211832
---	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		160,676.
j Total. Add lines 1c through 1i			160,676.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE FOUNDATION PROVIDES FUNDING FOR GOVERNMENTAL RELATIONS AND LOBBYING

EFFORTS ON BEHALF OF THE UNIVERISTY. THE GOVERNMENT RELATIONS INCLUDE

CULTIVATING, MAINTAINING, AND ENHANCING THE LINK BETWEEN UCF AND THE

VARIOUS PUBLICS IT SERVES AND TO CREATE AND IMPLEMENT COMMUNITY-BASED

PROGRAMS. THIS IS TO INCREASE KNOWLEDGE AND UNDERSTANDING OF THE

Part IV Supplemental Information *(continued)*

UNIVERSITY WITHIN KEY EXTERNAL COMMUNITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization UNIVERSITY OF CENTRAL FLORIDA
FOUNDATION, INC.

Employer identification number
59-6211832

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or 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 Tax 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
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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, and enforcing conservation easements during the year ▶ 1

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 0.

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" to 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

3 Using the organization's 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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? 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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	122,629,469.	127,134,563.	102,788,477.	92,261,535.	115,271,254.
b Contributions	2,339,881.	1,684,967.	4,725,682.	2,017,999.	3,017,683.
c Net investment earnings, gains, and losses	15,093,797.	-1,449,380.	23,420,200.	11,461,317.	-19,660,744.
d Grants or scholarships	359,349.	467,687.	173,029.	72,140.	953,120.
e Other expenditures for facilities and programs	1,010,983.	1,314,973.	967,696.	614,850.	3,410,961.
f Administrative expenses	3,198,187.	2,958,021.	2,659,071.	2,265,383.	2,002,577.
g End of year balance	135,494,628.	122,629,469.	127,134,563.	102,788,478.	92,261,535.

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

- a Board designated or quasi-endowment 1.23 %
- b Permanent endowment 98.77 %
- c Temporarily restricted endowment _____ %

The percentages in 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
(i) unrelated organizations	<input type="checkbox"/>	X
(ii) related organizations	<input type="checkbox"/>	X

b If "Yes" to 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. 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		53,640,384.		53,640,384.
b Buildings		33,847,359.	11,948,736.	21,898,623.
c Leasehold improvements		9,156,418.	5,163,390.	3,993,028.
d Equipment		642,114.	631,735.	10,379.
e Other		1,163,981.	643,405.	520,576.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				80,062,990.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, COMPENSATED ABSENCES, TENANT SECURITY & KEY DEPOSIT, ANNUITY PAYMENT LIABILITY, and Total.

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

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

1	Total revenue, gains, and other support per audited financial statements	1	54,505,345.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	11,659,102.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	7,167,404.
e	Add lines 2a through 2d	2e	18,826,506.
3	Subtract line 2e from line 1	3	35,678,839.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	226,030.
c	Add lines 4a and 4b	4c	226,030.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	35,904,869.

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

1	Total expenses and losses per audited financial statements	1	33,759,133.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	7,167,404.
e	Add lines 2a through 2d	2e	7,167,404.
3	Subtract line 2e from line 1	3	26,591,729.
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	
b	Other (Describe in Part XIII.)	4b	226,030.
c	Add lines 4a and 4b	4c	226,030.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	26,817,759.

Part XIII Supplemental Information

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

PART II, LINE 9: THE FOUNDATION HAS ONE CONSERVATION EASEMENT (50 FOOT

CONSERVATION EASEMENT FOR DRAINAGE ALONG THE EASTERLY BOUNDARY OF THE

PROPERTY), WHICH WAS INCLUDED IN THE VALUE OF THE LAND ON THE FOUNDATION'S

BALANCE SHEET.

PART V, LINE 4: THE FOUNDATION AUTHORIZES SPENDING FROM ITS ENDOWMENT

TO SUPPORT THE UNIVERSITY'S STUDENT SCHOLARSHIPS, ACADEMIC CHAIRS,

PROFESSORSHIPS, AND ACADEMIC PROGRAMS.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES NETTED AGAINST RENTAL REVENUE 6,901,726.

FUNDRAISING EVENT EXPENSES NETTED AGAINST FUNDRAISING EVENT

REVENUE 254,441.

MERCHANDISE SALES EXPENSE NETTED AGAINST MERCHANDISE SALES

REVENUE 11,237.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 7,167,404.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES NETTED AGAINST INVESTMENT REVENUE 226,030.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES NETTED AGAINST RENTAL REVENUE 6,901,726.

FUNDRAISING EVENT EXPENSES NETTED AGAINST FUNDRAISING EVENT

REVENUE 254,441.

MERCHANDISE SALES EXPENSE NETTED AGAINST MERCHANDISE SALES

REVENUE 11,237.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 7,167,404.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES NETTED AGAINST INVESTMENT REVENUE 226,030.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization
UNIVERSITY OF CENTRAL FLORIDA
FOUNDATION, INC.

Employer identification number
59-6211832

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	JCF PROGRAM SERVICE	19,000.
3 a Sub-total	0	0			19,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			19,000.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

**Complete if the organization answered "Yes" to 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. ▶ See separate instructions.**

**Open To Public
Inspection**

Name of the organization **UNIVERSITY OF CENTRAL FLORIDA
FOUNDATION, INC.** Employer identification number
59-6211832

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SUSAN SHULLAW & ASSOCIATES - PO BOX 2328, IOWA CITY, IA	CONSULTANTS		X	0.	14,666.	0.
BENTZ WHALEY FLESSNER & ASSOCIATES - 7251 OHMS LANE,	CONSULTANTS		X	0.	218,019.	0.
THE FREMONT GROUP - 2580 S.E. 5TH STREET, POMPANO BEACH, FL	CONSULTANTS		X	0.	12,000.	0.
Total					244,685.	

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.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to 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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		UCF 50TH ANNIVERSARY CELEBRATION	MEN & WOMEN'S GOLF FUNDRAISER	11	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	445,750.	131,950.	202,286.	779,986.
	2 Less: Contributions	411,908.	50,485.	100,646.	563,039.
	3 Gross income (line 1 minus line 2)	33,842.	81,465.	101,640.	216,947.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			7,703.	7,703.
	6 Rent/facility costs	75,931.	489.	30,151.	106,571.
	7 Food and beverages		7,353.	58,275.	65,628.
	8 Entertainment	650.	150.	5,945.	6,745.
	9 Other direct expenses	13,400.	11,996.	38,861.	64,257.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(250,904)
11 Net income summary. Combine line 3, column (d), and line 10				-33,957.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)	
8 Net gaming income summary. Combine line 1, column d, and line 7					

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to 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 complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SUSAN SHULLAW & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: PO BOX 2328, IOWA CITY, IA 52240

(I) NAME OF FUNDRAISER: BENTZ WHALEY FLESSNER & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 7251 OHMS LANE, MINNEAPOLIS, MN 55439

(I) NAME OF FUNDRAISER: THE FREMONT GROUP

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 2580 S.E. 5TH STREET, POMPANO BEACH, FL 33062

SCHEDULE G, PART I, LINE 2B, COLUMN (V): THE FOUNDATION USED THE

FOLLOWING FUNDRAISERS FOR THE CURRENT TAX YEAR:

FOR BENZT WHALEY FLESSNER AND ASSOCIATES, SUSAN SHULLAW & ASSOCIATES, AND

THE FREMONT GROUP, THERE WILL BE NO GROSS RECEIPTS GENERATED FROM THESE

VENDORS SINCE THE VENDORS ARE PROVIDING RESEARCH SUPPORT AND/OR

CONSULTING SERVICES TO THE FOUNDATION'S DEVELOPMENT OFFICE REGARDING

SOLICITATION STRATEGIES.

IN ADDITION TO PROFESSIONAL FEE EXPENSES PAID TO BENZT WHALEY FLESSNER

AND ASSOCIATES AND SUSAN SHULLAW & ASSOCIATES, THE FOUNDATION REIMBURSED

THE COMPANIES \$28998 AND \$885 RESPECTIVELY. THIS WAS FOR BUSINESS TRAVEL

AND INCIDENTAL EXPENSES IN ACCORDANCE WITH THE CONTRACTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization UNIVERSITY OF CENTRAL FLORIDA
FOUNDATION, INC.

Employer identification number
59-6211832

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CENTRAL FLORIDA 4000 CENTRAL FLORIDA BLVD ORLANDO, FL 32816	59-2924021	501(C)(3)	7,171,376.	0.			FUNDING FOR PROGRAMS & SCHOLARSHIPS
UCF GOLDEN KNIGHTS CORPORATION INC PO BOX 163555 ORLANDO, FL 32826	20-3794571	501(C)(3)	2,007,692.	0.			ATHLETIC STADIUM SUPPORT
UCF CONVOCATION CORPORATION INC 4000 CENTRAL FLORIDA BLVD ORLANDO, FL 32816	16-1733312	501(C)(3)	932,976.	0.			CONVOCATION CENTER SUPPORT
UCF ATHLETIC ASSOCIATION INC PO BOX 163555 ORLANDO, FL 32826	59-2334448	501(C)(3)	2,270,407.	0.			ATHLETIC SCHOLARSHIP & PROGRAM SUPPORT
UNIVERSITY CENTRAL FLORIDA RESEARCH FOUNDATION - 12201 RESEARCH PARKWAY - ORLANDO, FL 32826	59-3086453	501(C)(3)	34,210.	0.			RESEARCH ACTIVITY SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**
- 3** Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BOOKS FOR STUDENTS	1634	0.	7,752.	PURCHASE PRICE	BOOKS FOR STUDENTS
TRAVEL & REGISTRATION PAYMENTS FOR VARIOUS STUDENTS	491	0.	46,134.	PURCHASE PRICE	TRAVEL/REGISTRATION
TICKETS, CLOTHES, MEALS AND MISC FOR STUDENTS	268	0.	5,111.	PURCHASE PRICE	TICKETS/CLOTHES/MEAL
OTHERS	10	10,059.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR

MONITORING THE USE OF GRANTS:

THE FOUNDATION MAINTAINS THE APPROVED EXPENDITURE REQUEST WHICH

SUBSTANTIATE THE GRANT AMOUNTS PROVIDED TO THE RECIPIENTS. THE FOUNDATION

MAINTAINS DONOR INFORMATION, RELATED CONTRIBUTION DOCUMENTATION, AND ANY

DONOR RESTRICTIONS OUTLINED BY THE DONOR INCLUDING SCHOLARSHIP CRITERIA.

THE GRANTS ARE MADE TO THE UNIVERSITY OR UNIVERSITY AFFILIATED ENTITIES AND

THE FOUNDATION RELIES ON THE POLICIES, PROCEDURES, AND CONTROLS ESTABLISHED

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.

Employer identification number 59-6211832

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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	X									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	X									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?		X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X								
c Participate in, or receive payment from, an equity-based compensation arrangement?		X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.										
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?		X								
b Any related organization?		X								
If "Yes" to line 5a or 5b, describe in Part III.										
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?		X								
b Any related organization?		X								
If "Yes" to line 6a or 6b, describe in Part III.										
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		X								
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT J. HOLMES, JR. CHIEF EXECUTIVE OFFICER	(i)	243,920.	30,198.	9,257.	16,654.	14,815.	314,844.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BEN MCMAHAN CHIEF OPERATING OFFICER	(i)	162,544.	0.	9,267.	11,711.	14,684.	198,206.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALBERT FRANCIS II CHIEF FINANCIAL OFFICER	(i)	141,140.	0.	6,538.	2,393.	6,052.	156,123.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOYCE HENCKLER CHIEF DEVELOPMENT OFFICER	(i)	151,374.	0.	25,306.	11,482.	14,683.	202,845.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THOMAS MESSINA ASSOCIATE VP ALUMNI RELATIONS	(i)	131,491.	0.	11,895.	9,315.	12,815.	165,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KARA FLEHARTY SCHULTZ ASSISTANT VP DEVELOPMENT	(i)	113,194.	0.	19,731.	9,118.	18,815.	160,858.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANNE BOTTERI ASST VP COMMUNICATIONS/MARKETING	(i)	124,904.	0.	5,186.	8,950.	12,851.	151,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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.

PART I, LINE 1A: SUPPLEMENTAL COMPENSATION INFORMATION -

1. FIRST-CLASS OR CHARTER TRAVEL - FIRST CLASS TRAVEL PROVIDED TO THE

PRESIDENT OF THE UNIVERSITY FOR HEALTH REASONS AND TO ACCOMODATE

PREPARATION FOR MEETINGS. CHARTER FLIGHTS ARE PROVIDED FOR THE PRESIDENT

AND OTHER EXECUTIVE LEADERSHIP TO TRAVEL TOGETHER AND SUFFICIENTLY PREPARE

EN ROUTE TO MEETINGS.

2. TAX INDEMNIFICATION AND GROSS UP PAYMENTS - FOR VARIOUS UNIVERSITY

EMPLOYEES, THE FOUNDATION MADE SUPPLEMENT PAYMENTS WHICH INCLUDED

GROSSED-UP AMOUNTS FOR TAX PURPOSES. THE TOTAL GROSSED-UP AMOUNTS WERE

INCLUDED IN THE EMPLOYEES' REPORTABLE TAXABLE COMPENSATION.

3. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - THE FOUNDATION PROVIDES

CERTAIN SOCIAL CLUB MEMBERSHIPS FOR FUNDRAISING, DONOR CULTIVATION, OR

OTHER BUSINESS PURPOSES. THE PERSONAL PORTION OF THE MEMBERSHIPS IS

INCLUDED IN THE INDIVIDUALS' TAXABLE COMPENSATION.

PART I, LINE 7:

Part III Supplemental Information

Complete this part to 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.

THE FOUNDATION PAYS CERTAIN EXECUTIVES BONUSES DETERMINED BASED ON

PERFORMANCE GOALS RELATED TO QUALITY OF EDUCATION, INSTITUTIONAL GROWTH AND

FUNDRAISING.

SCHEDULE J, PART II

1.) ALL THE EMPLOYEES LISTED IN SCHEDULE J ARE EMPLOYEES OF THE UNIVERSITY

OF CENTRAL FLORIDA WHICH HAS BEEN DETERMINED TO BE AN UNRELATED

ORGANIZATION FOR PURPOSES OF 990 REPORTING.

2.) DURING THE FISCAL YEAR, THE FOUNDATION PAID \$549,340 TO THE UNIVERSITY

RELATED TO COMPENSATION FOR DR. JOHN HITT, UCF PRESIDENT. IN ADDITION, THE

FOUNDATION PAID FOR OTHER BENEFITS SUCH AS MEMBERSHIPS AND AN AUTOMOBILE

LEASE WHICH WERE REPORTED TO UCF PAYROLL.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.** Employer identification number **59-6211832**

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC	59-6211832	NONE	12/30/08	10,400,000.	REFUND PRIOR ISSUE 2008		X		X		X
B UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC	59-6211832	NONE	12/17/09	12,540,000.	REFUND PRIOR ISSUE 2009		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	1,275,000.							
2 Amount of bonds legally defeased								
3 Total proceeds of issue	10,400,000.		12,433,674.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			106,326.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2008		2009					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		.00 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	2.47 %		2.52 %					
6 Total of lines 4 and 5	2.47 %		2.52 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

FORM 990, SCHEDULE K, PART II

ON DECEMBER 17, 2009, THE FOUNDATION ENTERED INTO A \$12,540,000 TAX-EXEMPT NOTE AND A \$7,385,000 TAXABLE NOTE RELATED TO THREE PROPERTIES. THE FOUNDATION IS MAKING PRINCIPAL PAYMENTS ON THE TAXABLE NOTE FIRST; THEREFORE, AS REFLECTED IN SCHEDULE K, THERE HAS BEEN NO PRINCIPAL PAYMENTS MADE TOWARD THE TAX-EXEMPT NOTE.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DR JOHN HITT	EX-OFF DIR OF UCFF	342,403	SUNTRUST		X
LARRY TOBIN	DIRECTOR OF UCFF	187,618	LOAN PYMT		X

Part V Supplemental Information

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

PART IV

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS - DR. JOHN HITT

DR HITT IS A DIRECTOR OF SUNTRUST, CENTRAL FLORIDA. THE UCF FOUNDATION

PREVIOUSLY OBTAINED SEVERAL REAL ESTATE LOANS FROM SUNTRUST BANKS AND

MADE PRINCIPAL AND INTEREST PAYMENTS DURING THE CURRENT YEAR TO

SUNTRUST BANKS FOR THESE LOANS. IN ADDITION, THE UCF FOUNDATION HAS

MADE PAYMENTS TO SUNTRUST BANKS FOR CUSTODIAL SERVICES RELATED TO THE

FOUNDATION'S INVESTMENTS.

PART IV

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS - LARRY TOBIN

MR TOBIN IS PRESIDENT AND CEO OF FAIRWINDS CREDIT UNION. THE FOUNDATION

OBTAINED A LINE OF CREDIT FROM FAIRWINDS CREDIT UNION IN 2004. A

COMPETITIVE REQUEST FOR PROPOSALS WAS ISSUED TO BANK AND CREDIT

INSTITUTIONS FOR THE CONSTRUCTION OF THE ALUMNI CENTER, WITH FAIRWINDS

PROVIDING THE MOST FAVORABLE TERMS. SUBSEQUENT TO THIS TRANSACTION,

DURING 2009, MR TOBIN BECAME A MEMBER OF THE FOUNDATION'S BOARD OF

DIRECTORS. THE TRANSACTION AMOUNT RELATES TO PAYMENTS OF PRINCIPAL AND

INTEREST RELATED TO THE BANK LOAN ORIGINALLY OBTAINED FOR THE

CONSTRUCTION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNIVERSITY OF CENTRAL FLORIDA
FOUNDATION, INC.** Employer identification number
59-6211832

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	2	0.	
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		0.	
5 Clothing and household goods	X		0.	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	181,234.	FMV WHEN RECEIVED
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	6,000,000.	FMV WHEN RECEIVED
18 Collectibles	X	1	0.	
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens	X	10	0.	
24 Archeological artifacts				
25 Other ▶ (FURN/EQUIP)	X	16	0.	
26 Other ▶ (SUPPLIES)	X	18	0.	
27 Other ▶ ()				
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** 1

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

Part II Supplemental Information. Complete this part to 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.

SCHEDULE M, LINE 32B:

USE OF THIRD PARTY TO SELL NONCASH CONTRIBUTIONS. THE FOUNDATION INSTRUCTS SUNTRUST, AS CUSTODIAN OF ITS INVESTMENTS, TO SELL ANY STOCK GIFTS RECEIVED BY THE FOUNDATION. STOCKS ARE VALUED AT THE AVERAGE OF THE HIGH AND LOW MARKET PRICE ON THE DAY OF RECEIPT.

PART I, TYPES OF PROPERTY LINE 1 ART-WORKS OF ART, LINE 4 BOOKS AND PUBLICATION, LINE 5 CLOTHING AND HOUSEHOLD GOODS, LINE 18 COLLECTIBLES, LINE 23 SCIENTIFIC SPECIMENS, LINE 25 FURNITURE/EQUIPMENT AND LINE 26 SUPPLIES:

THE FOUNDATION RECEIVED SEVERAL DONOR GIFT IN KIND CONTRIBUTIONS DURING THE YEAR. THESE GIFTS IN KIND PASSED THROUGH THE FOUNDATION TO THE UNIVERSITY AND ARE NOT INCLUDED IN THE FOUNDATION'S REVENUE BECAUSE THE FOUNDATION SERVES ONLY AS AN AGENT FOR THE UNIVERSITY.

PART I, B - NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED: THE FOUNDATION REPORTS THE NUMBER OF CONTRIBUTIONS AND NOT THE NUMBER OF ITEMS CONTRIBUTED IN EACH CATEGORY, UNLESS REQUIRED OTHERWISE BY IRS.

PART I, LINE 9 B: THE FOUNDATION REPORTS THE NUMBER OF GIFTS RECEIVED.

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.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	Employer identification number 59-6211832
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FRIENDS TO SUPPORT THE UNIVERSITY OF CENTRAL FLORIDA, THE UCF
FOUNDATION, INC. IS A NOT-FOR-PROFIT ORGANIZATION THAT ENHANCES THE
MISSION AND VISION OF THE UNIVERSITY OF CENTRAL FLORIDA THROUGH ITS
FUNDRAISING ACTIVITIES. THROUGH THE FOUNDATION, PRIVATE SUPPORT HAS
HELPED UCF ESTABLISH ITSELF AS A MAJOR METROPOLITAN UNIVERSITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESEARCH: RESEARCH IS CONDUCTED ON AN INDIVIDUAL AND COLLABORATIVE
BASIS BY FACULTY WHO FOCUS ON THEIR PARTICULAR AREAS OF ACADEMIC
DISCIPLINE. UCF HAS NUMEROUS NATIONALLY AND INTERNATIONALLY RECOGNIZED
RESEARCH INSTITUTES DEVOTED TO INNOVATIVE RESEARCH AND DEVELOPMENT.

ALUMNI RELATIONS: ENHANCES THE LIVES OF UCF ALUMNI, PARENTS, STUDENTS
AND FRIENDS BY FOSTERING A MUTUALLY BENEFICIAL RELATIONSHIP WITH THE
UNIVERSITY OF CENTRAL FLORIDA.

GENERAL UNIVERSITY SUPPORT: THE FOUNDATION ALSO ADMINISTERS EXPENSES
TO SUPPORT GENERAL AREAS AND PROGRAMS OF THE UNIVERSITY.
EXPENSES \$ 4,028,575. INCL GRANTS OF \$ 346,696. REVENUE \$ 1,376,502.

FORM 990, PART VI, SECTION A, LINE 2: THE FOLLOWING BOARD OF DIRECTORS

HAVE BUSINESS RELATIONSHIPS:

JAMES ATCHISON HAS A BUSINESS RELATIONSHIP WITH MICHAEL GRINDSTAFF.
MELANIE FERNANDEZ HAS A BUSINESS RELATIONSHIP WITH LARRY TOBIN AND BEN
MCMAHAN. BEN MCMAHAN HAS A BUSINESS RELATIONSHIP WITH JIMMY FERRELL.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	Employer identification number 59-6211832
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JAMES HOPES HAS A BUSINESS RELATIONSHIP WITH PHIL KEAN.

FORM 990, PART VI, SECTION B, LINE 11: THE FOLLOWING IS THE REVIEW AND DISTRIBUTION PROCESS FOR THE FOUNDATION'S ANNUAL FORM 990. THIS PROCESS SHALL BE FOLLOWED EACH YEAR PRIOR TO FILING THESE DOCUMENTS WITH THE IRS.

1. THE CFO AND CEO SHALL REVIEW BOTH THE FORM 990 AND THE FORM 990-T AND RESOLVE ANY OUTSTANDING ISSUES OR QUESTIONS WITH THE INDEPENDENT ACCOUNTING FIRM REVIEWING OR PREPARING THE FORMS BEFORE DISTRIBUTION TO THE AUDIT COMMITTEE OR THE BOARD. IT IS THE CFO'S AND CEO'S RESPONSIBILITY TO CONFIRM THAT THESE FORMS DO NOT CONTAIN ANY UNTRUE STATEMENTS OR OMIT ANY MATERIAL FACTS AS WELL AS ENSURE THE FINANCIAL INFORMATION FAIRLY REPRESENTS THE FOUNDATION'S FINANCIAL CONDITION FOR THE PERIOD BEING REPORTED.

2. THE AUDIT COMMITTEE SHALL REVIEW THE DRAFT FORM 990 PRIOR TO FILING WITH THE IRS AND SHALL DOCUMENT THEIR DISCUSSION AND REVIEW OF THE DOCUMENTS IN THE COMMITTEE MEETING MINUTES. FINAL REVIEW OF THE FORM 990 IS SPECIFICALLY DELEGATED TO THE AUDIT COMMITTEE AND NO FURTHER REVIEW SHALL BE REQUIRED BEFORE SUCH FORMS ARE FILED WITH THE IRS.

3. THE DRAFT FORM 990 SHALL BE PROVIDED TO EACH VOTING BOARD MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS. DISTRIBUTION MAY BE IN THE FORM OF ELECTRONIC MAIL, NOTIFICATION LINK TO AN ELECTRONIC WEBSITE, OR ACTUAL MAILING OF THE DOCUMENT.

FORM 990, PART V, LINE 2A

232212 01-04-13

Name of the organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	Employer identification number 59-6211832
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NUMBER OF EMPLOYEES REPORTED ON FORM W3

ALL EMPLOYEES ARE UNIVERSITY OF CENTRAL FLORIDA EMPLOYEES; THEREFORE,

THE UNIVERSITY OF CENTRAL FLORIDA ADMINISTERS THE EMPLOYEE COMPENSATION

AND HUMAN RESOURCE PROCESS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS, OFFICERS, COMMITTEE

MEMBERS AND KEY EMPLOYEES SHALL BE REQUIRED TO COMPLETE AN ANNUAL

DISCLOSURE FORM. THIS ANNUAL DISCLOSURE FORM WILL REQUEST SPECIFIC

INFORMATION REGARDING THE TERMS OF ANY CONTRACT OR TRANSACTION WITH THE

FOUNDATION AND WHETHER PROCESS FOR APPROVAL SET FORTH IN THIS POLICY WAS

USED. AN INTERESTED PERSON WHO HAS OR LEARNS ABOUT A POTENTIAL CONFLICT

SHOULD DISCLOSE PROMPTLY TO THE CHAIR OF THE BOARD DUE DILIGENCE COMMITTEE

AND THE FOUNDATION'S CFO THE MATERIAL FACTS SURROUNDING ANY POTENTIAL

CONFLICT OF INTEREST, INCLUDING SPECIFIC INFORMATION CONCERNING THE TERMS

OF ANY CONTRACT OR TRANSACTION WITH THE FOUNDATION. ALL EFFORTS SHOULD BE

MADE TO DISCLOSE ANY SUCH CONTRACT OR TRANSACTION AND HAVE IT APPROVED BY

THE COMMITTEE BEFORE THE ARRANGEMENT IS ENTERED INTO. FOLLOWING RECEIPT OF

INFORMATION CONCERNING A CONTRACT OR TRANSACTION INVOLVING A POTENTIAL

CONFLICT OF INTEREST, THE BOARD DUE DILIGENCE COMMITTEE SHALL CONSIDER THE

MATERIAL FACTS CONCERNING THE PROPOSED CONTRACT OR TRANSACTION, INCLUDING

THE PROCESS BY WHICH THE DECISION WAS MADE TO RECOMMEND ENTERING INTO THE

ARRANGEMENT ON THE TERMS PROPOSED. THE COMMITTEE SHALL APPROVE ONLY THOSE

CONTRACTS OR TRANSACTIONS IN WHICH THE TERMS ARE FAIR AND REASONABLE TO THE

FOUNDATION AND THE ARRANGEMENT IS CONSISTENT WITH THE BEST INTEREST OF THE

FOUNDATION. FAIRNESS INCLUDES, BUT IS NOT LIMITED TO, THE CONCEPTS THAT

THE FOUNDATION SHOULD PAY NO MORE THAN FAIR MARKET VALUE FOR ANY GOODS OR

SERVICES WHICH THE FOUNDATION RECEIVES AND THAT THE FOUNDATION SHOULD

RECEIVE FAIR MARKET VALUE CONSIDERATION FOR ANY GOODS OR SERVICES THAT IT

232212
01-04-13

Name of the organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	Employer identification number 59-6211832
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FURNISHES OTHERS.

WHEN AN INTERESTED PERSON BECOMES AWARE OF A PROPOSED CONFLICT OF INTEREST

TRANSACTION, HE OR SHE WILL HAVE A DUTY TO TAKE THE FOLLOWING ACTIONS:

(A) IMMEDIATELY DISCLOSE THE EXISTENCE AND CIRCUMSTANCES OF SUCH CONFLICT

OF INTEREST TRANSACTION TO THE CHAIR OF THE DUE DILIGENCE COMMITTEE AND TO

THE FOUNDATION'S CFO;

(B) REFRAIN FROM USING HIS OR HER PERSONAL INFLUENCE TO ENCOURAGE THE

FOUNDATION TO ENTER INTO THE CONFLICT OF INTEREST TRANSACTION;

(C) AND PHYSICALLY RECUSE THEMSELVES FROM PARTICIPATION IN ANY DISCUSSIONS

REGARDING THE CONFLICT OF INTEREST TRANSACTION WITH OFFICIALS OF THE

FOUNDATION, AT MEETINGS OF THE BOARD OF DIRECTORS, AND WITH OTHER MEMBERS

OF THE FOUNDATION COMMUNITY, EXCEPT TO RESPOND TO REQUESTS FOR INFORMATION

ABOUT THE CONFLICT OF INTEREST TRANSACTION. AN INTERESTED PERSON MAY MAKE

A PRESENTATION AT THE COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE OR

SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF THE VOTE ON THE

TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE UNIVERSITY HUMAN RESOURCES

DEPARTMENT REVIEWS COMPARABLE SALARY DATA. MARKET DATA FROM SALARY SURVEY

SOURCES IS USED TO ASSIGN AN ACCURATE VALUE TO THE POSITION IN THE EXTERNAL

LABOR MARKET. SURVEY MATCHES ARE BASED ON THE PRIMARY DUTIES OF THE

POSITION. THE SURVEY DATA PROVIDES SALARY AND DEMOGRAPHIC DATA FOR

SELECTED POSITIONS NATIONWIDE AND IS REPORTED IN A STATISTICAL FORMAT

INDICATING THE AVERAGE AND MEDIAN SALARIES AND ADDITIONAL PERCENTILES (I.E.

25TH, 75TH). THE UNIVERSITY HR DEPARTMENT REVIEWS COMPARABLE SURVEY DATA

WHEN AN EMPLOYEE IS HIRED OR PROMOTED.

Name of the organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	Employer identification number 59-6211832
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, CA, KY, MD, MA, MI, MN, NH, NJ, NY, OK, OR, SC, UT, WI

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, 990 TAX DOCUMENTS, AND FINANCIAL

STATEMENTS ARE PUBLISHED ON THE FOUNDATION'S WEBSITE, THE POLICY IQ

SOFTWARE, OR AVAILABLE UPON REQUEST.

FORM 990, PART V, LINE 2A

THERE HAS BEEN NO CHANGE TO EITHER THE OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

Related Organizations and Unrelated Partnerships

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

Name of the organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC. Employer identification number 59-6211832

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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
UNIVERSITY OF CENTRAL FLORIDA REAL ESTATE FOUNDATION, LLC - 59-6211832, 12424 RESEARCH PRKY, STE 140, ORLANDO, FL 32826	REAL ESTATE	FLORIDA	0.	34,702,203.	N/A
KNIGHTS KROSSING STUDENT HOUSING, LLC - 59-6211832, 12424 RESEARCH PRKY, STE 140, ORLANDO, FL 32826	REAL ESTATE	FLORIDA	0.	9,733,000.	N/A

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

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

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

(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) Disproportion- ate 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	

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

(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	No

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

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

