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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  
FOUNDATION, INC.  
12424 RESEARCH PARKWAY, NO. 140  
ORLANDO, FL 32826

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



Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning** JUL 1, 2014 **and ending** JUN 30, 2015


<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC. Doing business as		<b>D</b> Employer identification number 59-6211832
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number 407-882-1220
	City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32826		<b>G</b> Gross receipts \$ 191,975,797.
	<b>F</b> Name and address of principal officer: ALBERT J. FRANCIS II, CPA SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> 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			
<b>J</b> Website: WWW.UCFFOUNDATION.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: 1968
			<b>M</b> State of legal domicile: FL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE UCF FOUNDATION ENCOURAGES, STEWARDS AND CELEBRATES CHARITABLE CONTRIBUTIONS FROM ALUMNI AND		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	39
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	38
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	600
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	151,417.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	135,375.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 22,651,577.	Current Year 29,500,099.
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,730,801.	2,829,540.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,070,978.	35,325,400.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,094,479.	3,496,514.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,547,835.	71,151,553.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,859,547.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,461,209.	10,006,451.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		349,706.	478,967.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		6,422,055.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,010,944.	6,326,881.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		28,681,406.	33,327,249.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	7,866,429.	37,824,304.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 287,546,289.	End of Year 289,988,145.
	<b>21</b> Total liabilities (Part X, line 26)	34,298,067.	32,596,165.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	253,248,222.	257,391,980.

**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.

<b>Sign Here</b>	Signature of officer		Date	
	ALBERT J. FRANCIS II, CPA, CFO Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name THERESA A. BURDINE, CPA	Preparer's signature 	Date 5/10/16	Check if self-employed <input type="checkbox"/>
	Firm's name RSM US LLP	Firm's EIN 42-0714325	PTIN P00362629	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 or note to any line 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 \$ 8,275,462. including grants of \$ 8,275,453. ) (Revenue \$ 1,928,620. )  
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 \$ 4,420,515. including grants of \$ 2,778,600. ) (Revenue \$ 18,118. )  
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 \$ 3,001,164. including grants of \$ 2,908,657. ) (Revenue \$ 3,762. )  
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 \$ 6,140,705. including grants of \$ 2,552,240. ) (Revenue \$ 1,031,735. )

**4e** Total program service expenses **21,837,846.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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	
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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	
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</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
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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	
<b>24a</b> 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 25a</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> 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
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> 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 or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	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
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1a</b> 39		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 38		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</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	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		X
<b>b</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).		
<b>16a</b>	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>b</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, address, and telephone number of the person who possesses the organization's books and records: **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 or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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/IMM PAST CHAIR	1.00	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) RITA A. LOWNDES DIRECTOR	1.00	X						0.	0.	0.
(6) PHYLLIS KLOCK DIRECTOR/CHAIR	1.00	X		X				0.	0.	0.
(7) RONALD C. THOW DIRECTOR/SECRETARY	1.00	X		X				0.	0.	0.
(8) RAJESH S. TOLETI DIRECTOR	1.00	X						0.	0.	0.
(9) RICHARD J. WALSH DIRECTOR	1.00	X						0.	0.	0.
(10) KEITH J. FLANNERY DIRECTOR	1.00	X						0.	0.	0.
(11) PHILIP L. KEAN DIRECTOR	1.00	X						0.	0.	0.
(12) PAUL J. MIRABELLA DIRECTOR	1.00	X						0.	0.	0.
(13) J. OSCAR RODRIGUEZ DIRECTOR	1.00	X						0.	0.	0.
(14) LARRY CHASTANG DIRECTOR	1.00	X						0.	0.	0.
(15) BRUCE K. GOULD DIRECTOR	1.00	X						0.	0.	0.
(16) MICHAEL J. SARPU DIRECTOR	1.00	X						0.	0.	0.
(17) LEILA NODARSE 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) JOSEPH MELBOURNE DIRECTOR	1.00	X						0.	0.	0.
(19) JAMES W. FERRELL DIRECTOR/VICE CHAIR	1.00	X		X				0.	0.	0.
(20) NELSON J. MARCHIOLI DIRECTOR/CO-VICE CHAIR	1.00	X		X				0.	0.	0.
(21) DR. JOHN C. HITT EX-OFFICIO DIR/PRES OF UCF	1.00	X						0.	0.	0.
(22) ANTONIO MORENO DIRECTOR	1.00	X						0.	0.	0.
(23) RITA ADLER DIRECTOR	1.00	X						0.	0.	0.
(24) MELANIE FERNANDEZ DIRECTOR/TREASURER	1.00	X		X				0.	0.	0.
(25) SURESH GUPTA DIRECTOR	1.00	X						0.	0.	0.
(26) DAVID BOONE DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,562,690.	0.	253,748.
<b>d Total (add lines 1b and 1c)</b>								1,562,690.	0.	253,748.

**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 11

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	
<b>5</b> 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
CUSHMAN & WAKEFIELD 12424 RESEARCH PARKWAY, ORLANDO, FL 32826 D & A BUILDING SERVICES, INC.	BUILDING MANAGEMENT SERVICES	542,976.
321 GEORGIA AVENUE, LONGWOOD, FL 32750 STEVE BLACK CONSTRUCTION	MAINTENANCE	431,844.
308 OLD DIXIE HWY, APOPKA, FL 32712 SHAFFER A/C & REFRIGERATION SERVICES, INC.	CONSTRUCTION SERVICES	347,793.
12488 KIRBY SMITH ROAD, ORLANDO, FL 32832 ORANGE COUNTY RESEARCH & DEVELOPMENT AUTHOR	MAINTENANCE	290,925.
12424 RESEARCH PARKWAY, ORLANDO, FL 32826	AREA MANAGEMENT SERVICES	214,549.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		14

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2014)

**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 (check all that apply)						(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				
(27) LORETTA COREY DIRECTOR	1.00	X						0.	0.	0.	
(28) JOHN D. EULIANO, SR. DIRECTOR	1.00	X						0.	0.	0.	
(29) DIANE MAHONY DIRECTOR	1.00	X						0.	0.	0.	
(30) MARY BETH MORGAN DIRECTOR	1.00	X						0.	0.	0.	
(31) JOYCE VIRGA DIRECTOR	1.00	X						0.	0.	0.	
(32) ANTHONY J. CONNELLY DIRECTOR	1.00	X						0.	0.	0.	
(33) JAMES A. JAHNA, SR. DIRECTOR	1.00	X						0.	0.	0.	
(34) MARGERY L. PABST DIRECTOR	1.00	X						0.	0.	0.	
(35) JOHN R. SPROULS DIRECTOR	1.00	X						0.	0.	0.	
(36) PAUL E. RYAN DIRECTOR	1.00	X						0.	0.	0.	
(37) OLGA CAVET EX-OFFICIO DIR/CHAIR UCF BOT	1.00	X						0.	0.	0.	
(38) PETER CRANIS EX-OFFICIO - UCF ALUMNI ASSOC CHAIR	1.00	X						0.	0.	0.	
(39) MICHAEL J. MORSEBERGER (AS OF 6/1/15) CEO	40.00			X				0.	0.	0.	
(40) ROBERT J. HOLMES, JR. (THRU 5/31/15) FORMER CEO	40.00			X				301,141.	0.	38,683.	
(41) BEN MCMAHAN CHIEF OPERATING OFFICER	40.00			X				194,668.	0.	31,740.	
(42) A.J. "BERT" FRANCIS II CHIEF FINANCIAL OFFICER	40.00			X				159,874.	0.	15,167.	
(43) JOYCE HENCKLER CHIEF DEVELOPMENT OFFICER	40.00				X			203,277.	0.	32,681.	
(44) THOMAS MESSINA ASSOC VP ALUMNI RELATIONS	40.00					X		160,740.	0.	29,289.	
(45) ANNE BOTTERI ASSISTANT VP COMMUNICATIONS	40.00					X		145,845.	0.	20,632.	
(46) KARA FLEHARTY SCHULTZ ASSISTANT VP DEVELOPMENT	40.00					X		147,062.	0.	39,258.	
Total to Part VII, Section A, line 1c .....											

**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 (check all that apply)						(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			
(47) RACHEL SCHAEFER ASSISTANT VP DEVELOPMENT	40.00					X		127,739.	0.	17,948.
(48) RANDALL MCKEY SENIOR DIRECTOR OF DEVELOP	40.00					X		122,344.	0.	28,350.
Total to Part VII, Section A, line 1c .....								1,562,690.		253,748.

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>	3,799,865.			
	<b>c</b> Fundraising events .....	<b>1c</b>	172,783.			
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	8,241,460.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	17,285,991.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		300,890.			
	<b>h Total.</b> Add lines 1a-1f .....		29,500,099.			
	<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM REVENUES .....	<b>Business Code</b>			
		611710	2,829,540.	2,829,540.		
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		2,829,540.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,277,390.		2,277,390.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....		282,070.	81,504.	200,566.	
	<b>6 a</b> Gross rents .....	(i) Real	9,784,455.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....		6,729,769.		
		<b>c</b> Rental income or (loss) .....		3,054,686.		
	<b>d</b> Net rental income or (loss) .....		3,054,686.		3,054,686.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	146,968,414.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....		113,920,404.		
		<b>c</b> Gain or (loss) .....		33,048,010.		
	<b>d</b> Net gain or (loss) .....		33,048,010.		33,048,010.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 172,783. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	282,589.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	161,071.		
<b>c</b> Net income or (loss) from fundraising events .....			121,518.	32,950.	88,568.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	17,914.				
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	13,000.			
	<b>c</b> Net income or (loss) from sales of inventory .....		4,914.	4,914.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> ADVERTISING REVENUE .....		541800	32,049.	32,049.		
	<b>b</b> MISCELLANEOUS REVENUE .....	900099	1,277.	1,277.		
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....		33,326.			
<b>12 Total revenue.</b> See instructions. ....		71,151,553.	2,830,817.	151,417.	38,669,220.	

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,420,022.	16,420,022.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	94,928.	94,928.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	894,129.		520,988.	373,141.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	7,079,915.	1,345,085.	2,055,447.	3,679,383.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	455,858.	97,000.	154,089.	204,769.
<b>9</b> Other employee benefits	1,050,599.	197,743.	419,902.	432,954.
<b>10</b> Payroll taxes	525,950.	109,347.	178,772.	237,831.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	17,907.	6,916.	9,740.	1,251.
<b>c</b> Accounting	139,800.		139,800.	
<b>d</b> Lobbying	177,499.	177,499.		
<b>e</b> Professional fundraising services. See Part IV, line 17	478,967.			478,967.
<b>f</b> Investment management fees	455,197.		455,197.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	655,633.	337,189.	213,253.	105,191.
<b>12</b> Advertising and promotion	227,755.	199,742.	12,013.	16,000.
<b>13</b> Office expenses	548,647.	206,384.	90,294.	251,969.
<b>14</b> Information technology	457,490.	44,914.	385,897.	26,679.
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	527,329.	345,996.	41,191.	140,142.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	591,922.	387,481.	59,419.	145,022.
<b>20</b> Interest	180,532.	148,863.	31,669.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	102,548.	6,667.	95,881.	
<b>23</b> Insurance	103,747.	36,762.	66,665.	320.
<b>24</b> 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.)				
<b>a</b> BANQUETS & RECEPTIONS	759,445.	703,244.	20,511.	35,690.
<b>b</b> TV/RADIO PROGRAMING FEE	306,411.	306,411.		
<b>c</b> EXTERNAL EVENT SPONSORS	238,701.	205,505.	1,044.	32,152.
<b>d</b> RENTAL FACILITIES, EQUI	219,625.	139,976.	38,409.	41,240.
<b>e</b> All other expenses	616,693.	320,172.	77,167.	219,354.
<b>25</b> Total functional expenses. Add lines 1 through 24e	33,327,249.	21,837,846.	5,067,348.	6,422,055.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	101,900.	<b>1</b>	101,901.
	<b>2</b> Savings and temporary cash investments .....	16,258,678.	<b>2</b>	14,799,064.
	<b>3</b> Pledges and grants receivable, net .....	9,092,490.	<b>3</b>	9,822,383.
	<b>4</b> Accounts receivable, net .....	296,770.	<b>4</b>	103,978.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	234,449.	<b>7</b>	507,312.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	588,641.	<b>9</b>	593,983.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 99,602,713.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 22,258,694.	78,502,576.	<b>10c</b> 77,344,019.
	<b>11</b> Investments - publicly traded securities .....	173,825,911.	<b>11</b>	108,753,965.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	8,262,802.	<b>12</b>	77,607,981.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	382,072.	<b>15</b>	353,559.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	287,546,289.	<b>16</b>	289,988,145.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,278,507.	<b>17</b>	2,419,320.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,762,510.	<b>19</b>	1,841,641.
	<b>20</b> Tax-exempt bond liabilities .....	23,591,777.	<b>20</b>	23,040,264.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	5,775,000.	<b>23</b>	4,350,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	890,273.	<b>25</b>	944,940.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	34,298,067.	<b>26</b>	32,596,165.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....		<b>27</b>	
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....	82,839,236.	<b>30</b>	82,271,984.
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....	51,315,194.	<b>31</b>	52,148,866.
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....	119,093,792.	<b>32</b>	122,971,130.
<b>33</b> Total net assets or fund balances .....	253,248,222.	<b>33</b>	257,391,980.	
<b>34</b> Total liabilities and net assets/fund balances .....	287,546,289.	<b>34</b>	289,988,145.	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	71,151,553.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	33,327,249.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	37,824,304.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	253,248,222.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-33,680,546.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	257,391,980.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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 (2014)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2014**

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b>	UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	<b>Employer identification number</b>	59-6211832
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
<b>Total</b>						

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	18,829,145.	21,373,139.	25,608,046.	22,651,576.	29,500,099.	117,962,005.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	18,829,145.	21,373,139.	25,608,046.	22,651,576.	29,500,099.	117,962,005.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						117,962,005.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	18,829,145.	21,373,139.	25,608,046.	22,651,576.	29,500,099.	117,962,005.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	5,469,582.	5,312,228.	5,845,583.	7,352,115.	12,090,052.	36,069,560.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...	210,210.	165,722.	158,140.	130,341.	151,417.	815,830.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,469.	12,429.	369,330.	39,086.	1,277.	424,591.
<b>11 Total support.</b> Add lines 7 through 10						155,271,986.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	75.97 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	74.34 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> 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**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014





**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

<b>Name of the organization</b> UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	<b>Employer identification number</b> 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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) (2014)

<b>Name of organization</b> UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	<b>Employer identification number</b> 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	_____ _____ _____	\$ 8,241,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 654,990.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	<b>Employer identification number</b> 59-6211832
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**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
7	_____ _____ _____	\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 600,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	<b>Employer identification number</b> 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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

<b>Name of organization</b> UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	<b>Employer identification number</b> 59-6211832
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

**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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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) 2014

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**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		138,500.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		38,999.
<b>j</b> Total. Add lines 1c through 1i .....			177,499.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

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

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



**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.**

OMB No. 1545-0047

**2014**  
**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**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 value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor 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.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_ 1
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_ 1
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 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)? .....
- 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.

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

(i) Revenue included in Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 

a Revenue included 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, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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	154,614,862.	135,494,628.	122,629,469.	127,134,563.	102,788,477.
b Contributions	3,877,774.	2,550,623.	2,339,881.	1,684,967.	4,725,682.
c Net investment earnings, gains, and losses	911,663.	23,691,905.	15,093,797.	-1,449,380.	23,420,200.
d Grants or scholarships	1,314,156.	749,717.	359,349.	467,687.	173,029.
e Other expenditures for facilities and programs	3,642,735.	2,812,345.	1,010,983.	1,314,973.	967,696.
f Administrative expenses	3,759,372.	3,560,232.	3,198,187.	2,958,021.	2,659,071.
g End of year balance	150,688,036.	154,614,862.	135,494,628.	122,629,469.	127,134,563.

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

- a Board designated or quasi-endowment  1.20 %
- b Permanent endowment  98.80 %
- 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		53,640,384.		53,640,384.
b Buildings		34,375,119.	14,301,325.	20,073,794.
c Leasehold improvements		9,758,213.	6,481,245.	3,276,968.
d Equipment		648,702.	646,987.	1,715.
e Other		1,180,295.	829,137.	351,158.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				77,344,019.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) HEXAVEST WORLD EQUITY FUND	17,805,372.	END-OF-YEAR MARKET VALUE
(B) OTHER SECURITIES < 5%	59,802,609.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	77,607,981.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) COMPENSATED ABSENCES	378,725.
(3) TENANT SECURITY & KEY DEPOSIT	36,431.
(4) ANNUITY PAYMENT LIABILITY	529,784.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	944,940.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	43,919,650.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-33,680,546.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	6,903,840.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-26,776,706.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	70,696,356.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	455,197.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	455,197.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	71,151,553.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	39,775,892.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	6,903,840.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	6,903,840.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	32,872,052.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	455,197.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	455,197.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	33,327,249.

**Part XIII Supplemental Information.**

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

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 XI, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES NETTED AGAINST RENTAL REVENUE 6,729,769.

**Part XIII** Supplemental Information (continued)

FUNDRAISING EVENT EXPENSES NETTED AGAINST FUNDRAISING EVENT

REVENUE 161,071.

MERCHANDISE SALES EXPENSE NETTED AGAINST MERCHANDISE SALES

REVENUE 13,000.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 6,903,840.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES NETTED AGAINST INVESTMENT REVENUE 455,197.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES NETTED AGAINST RENTAL REVENUE 6,729,769.

FUNDRAISING EVENT EXPENSES NETTED AGAINST FUNDRAISING EVENT

REVENUE 161,071.

MERCHANDISE SALES EXPENSE NETTED AGAINST MERCHANDISE SALES

REVENUE 13,000.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 6,903,840.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES NETTED AGAINST INVESTMENT REVENUE 455,197.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

**2014**

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	Employer identification number 59-6211832
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**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	JCF PROGRAM SERVICE	20,000.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	0	0	FUNDRAISING	JCF PROGRAM SERVICE	13,971.
<b>3 a</b> Sub-total .....	0	0			33,971.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			33,971.



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**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; do not file with Form 990)* .....  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; do not file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**  
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.

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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			
RUFFALO NOEL LEVITZ - PO BOX 718, DES MOINES, IA	CALL CENTER		X	219,348.	189,000.	30,348.
BENTZ WHALEY FLESSNER & ASSOCIATES - 7251 OHMS LANE, SUSAN SHULLAW & ASSOCIATES - PO BOX 2328, IOWA CITY, IA	CONSULTANTS		X	0.	122,831.	-122,831.
ADVANCEMENT RESOURCES, LLC - 3349 SOUTHGATE COURT SW, THOMAS MITCHELL & ASSOCIATES - 2580 S.E. 5TH STREET, THR FREMONT GROUP - 2580 S.E. 5TH STREET, POMPANO BEACH, FL	CONSULTANTS		X	0.	9,250.	-9,250.
			X	0.	50,000.	-50,000.
			X	0.	16,000.	-16,000.
<b>Total</b>				219,348.	413,223.	-193,875.

- 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, NH, NM, NY, NC, ND, OH, OK  
OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, MO, 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))
		ROSEN COLLEGE PINEAPPLE BALL (event type)	FOOTBALL KICKOFF LUNCHEON (event type)	10 (total number)	
Revenue	<b>1</b> Gross receipts .....	137,950.	90,988.	191,680.	420,618.
	<b>2</b> Less: Contributions .....	49,343.	44,305.	78,010.	171,658.
	<b>3</b> Gross income (line 1 minus line 2) .....	88,607.	46,683.	113,670.	248,960.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	80.		4,029.	4,109.
	<b>6</b> Rent/facility costs .....	2,353.		994.	3,347.
	<b>7</b> Food and beverages .....	12,400.		31,169.	43,569.
	<b>8</b> Entertainment .....	50,000.			50,000.
	<b>9</b> Other direct expenses .....	46,784.		13,263.	60,047.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				161,072.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				87,888.	

**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))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

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

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 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. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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

(I) NAME OF FUNDRAISER: RUFFALO NOEL LEVITZ

(I) ADDRESS OF FUNDRAISER: PO BOX 718, DES MOINES, IA 50303-0718

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

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

(I) NAME OF FUNDRAISER: SUSAN SHULLAW & ASSOCIATES

**Part IV** Supplemental Information (continued)

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

(I) NAME OF FUNDRAISER: ADVANCEMENT RESOURCES, LLC

(I) ADDRESS OF FUNDRAISER:

3349 SOUTHGATE COURT SW, CEDAR RAPIDS, IA 52404-5424

(I) NAME OF FUNDRAISER: THOMAS MITCHELL & ASSOCIATES

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

(I) NAME OF FUNDRAISER: THR FREMONT GROUP

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

PART I, LINE 2B, COLUMN (V):

THE FOUNDATION USED THE FOLLOWING FUNDRAISERS FOR THE CURRENT TAX YEAR:

THERE WILL BE NO GROSS RECEIPTS GENERATED FOR BENTZ WHALEY FLESSNER AND

ASSOCIATES, SUSAN SHULLAW & ASSOCIATES, THOMAS MITCHELL AND ASSOCIATES,

ADVANCEMENT RESOURCES LLC, AND THE FREMONT GROUP SINCE THESE 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, SUSAN SHULLAW & ASSOCIATES, AND RUFFALO NEL LEVITZ, THE

FOUNDATION REIMBURSED THE COMPANIES \$28,372, \$1,514 AND \$6,322

RESPECTIVELY. THIS WAS FOR BUSINESS TRAVEL AND INCIDENTAL EXPENSES IN

ACCORDANCE WITH THE CONTRACTS.

PART II - DIRECT EXPENSES - EVENT #2

THE FOOTBAL KICKCKOFF LUNCHEON, ONE OF THE TOP FUNDRAISING EVENTS, WAS



**Part IV** Supplemental Information (continued)

HELD BY ATHLETICS AND THE EXPENSES RELATED TO THESE EVENTS WERE

INCURRED BY ATHLETICS DIRECTLY AND HENCE NONE WERE REPORTED BY UCF.

Multiple horizontal lines for supplemental information.

**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

**2014**

Open to Public  
Inspection

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

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 Domestic Organizations and Domestic Governments.** 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)	9,079,345.	0.			FUNDING FOR PROGRAMS & SCHOLARSHIPS
UCF GOLDEN KNIGHTS CORPORATION INC PO BOX 163555 ORLANDO, FL 32826	20-3794571	501(C)(3)	3,560,839.	0.			ATHLETIC STADIUM SUPPORT
UCF CONVOCATION CORPORATION INC 4000 CENTRAL FLORIDA BLVD ORLANDO, FL 32816	16-1733312	501(C)(3)	977,248.	0.			CONVOCATION CENTER SUPPORT
UCF ATHLETIC ASSOCIATION INC PO BOX 163555 ORLANDO, FL 32826	59-2334448	501(C)(3)	2,689,988.	0.			ATHLETIC SCHOLARSHIP & PROGRAM SUPPORT
UNIVERSITY CENTRAL FLORIDA RESEARCH FOUNDATION - 12201 RESEARCH PARKWAY - ORLANDO, FL 32826	59-3086453	501(C)(3)	112,601.	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 0.

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

Schedule I (Form 990) (2014)

**Part III Grants and Other Assistance to Domestic Individuals.** 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	1400	0.	9,702.	PURCHASE PRICE	BOOKS FOR STUDENTS
TRAVEL & REGISTRATION PAYMENTS FOR VARIOUS STUDENTS	385	0.	66,267.	PURCHASE PRICE	TRAVEL/REGISTRATION
TICKETS, CLOTHES, MEALS AND MISC FOR STUDENTS	805	0.	12,532.	PURCHASE PRICE	TICKETS/CLOTHES/MEAL
OTHERS	6	6,000.	0.		CASH AWARD
EDUCATIONAL EQUIPMENT AND SUPPLIES	86	0.	426.	PURCHASE PRICE	EQUIPMENT/SUPPLIES

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

PART I, LINE 2:

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS:

THE FOUNDATION MAINTAINS THE APPROVED EXPENDITURE REQUEST WHICH

SUBSTANTIATES 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

**Part IV** Supplemental Information

BY THESE ENTITIES FOR EXPENDITURE TRACKING AND PROPER ADMINISTRATION OF THE

GRANTS FOR SCHOLARSHIP AWARDS.

*(This area is intentionally left blank for supplemental information.)*

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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

Employer identification number 59-6211832

**Part I Questions Regarding Compensation**

**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.

- |   |   |
|---|---|
| <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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**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.

- |  |  |
|--|--|
| <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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

**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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2014

**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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT J. HOLMES, JR. (THRU 5/31/15) FORMER CEO	(i)	253,409.	37,055.	10,677.	19,362.	19,321.	339,824.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BEN MCMAHAN CHIEF OPERATING OFFICER	(i)	194,668.	0.	0.	14,691.	17,049.	226,408.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) A.J. "BERT" FRANCIS II CHIEF FINANCIAL OFFICER	(i)	159,588.	0.	286.	5,819.	9,348.	175,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOYCE HENCKLER CHIEF DEVELOPMENT OFFICER	(i)	195,117.	0.	8,160.	14,733.	17,948.	235,958.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THOMAS MESSINA ASSOC VP ALUMNI RELATIONS	(i)	152,436.	0.	8,304.	11,648.	17,641.	190,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANNE BOTTERI ASSISTANT VP COMMUNICATIONS	(i)	145,845.	0.	0.	11,142.	9,490.	166,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KARA FLEHARTY SCHULTZ ASSISTANT VP DEVELOPMENT	(i)	138,902.	0.	8,160.	11,356.	27,902.	186,320.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) RANDALL MCKEY SENIOR DIRECTOR OF DEVELOP	(i)	118,744.	0.	3,600.	9,218.	19,132.	150,694.	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**

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 III Supplemental Information**

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

PART I, LINE 7:

THE UNIVERSITY PAYS CERTAIN EXECUTIVES BONUSES DETERMINED BASED ON  
PERFORMANCE GOALS RELATED TO QUALITY OF EDUCATION, INSTITUTIONAL GROWTH AND  
FUNDRAISING.

SCHEDULE J, PART II

1. ALL 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 \$649,011 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" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

<b>Part I Bond Issues</b>											
(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
<b>A</b> UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC	59-6211832	NONE	12/30/08	10,400,000.	REFUND PRIOR ISSUE 2008		X		X		X
<b>B</b> UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC	59-6211832	NONE	12/17/09	12,540,000.	REFUND PRIOR ISSUE 2009		X		X		X
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired	1,640,000.									
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	10,400,000.		12,433,674.							
<b>4</b> Gross proceeds in reserve funds										
<b>5</b> Capitalized interest from proceeds										
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds			106,326.							
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds										
<b>10</b> Capital expenditures from proceeds										
<b>11</b> Other spent proceeds										
<b>12</b> Other unspent proceeds										
<b>13</b> Year of substantial completion	2008		2009							
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> Were the bonds issued as part of a current refunding issue?	X		X							
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X		X						
<b>16</b> Has the final allocation of proceeds been made?	X		X							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

<b>Part III Private Business Use</b>										
	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
<b>2</b> 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
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X				
<b>b</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? .....								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	X		X					
<b>d</b> 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					
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> 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 .....		.94 %		2.45 %		%		%
<b>6</b> Total of lines 4 and 5 .....		.94 %		2.45 %		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X				
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X				
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		X		X				
<b>b</b> Exception to rebate? .....		X		X				
<b>c</b> No rebate due? .....		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X		X				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> 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? .....		x		x				

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).


**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open To Public  
Inspection**

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

Employer identification number  
59-6211832

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**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 UCF	509,417.	SUNTRUST OR		X

**Part V Supplemental Information**

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

PART IV

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

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

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	3	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	26	300,890.	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				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EQUIPMENT)	X	19	0.	
26 Other (SUPPLIES)	X	6	0.	
27 Other (MISCELLANEOUS)	X	13	0.	
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** 4

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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) (2014)

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

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.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2014**

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 \$ 6,140,705. INCL GRANTS OF \$ 2,552,240. REVENUE \$ 1,031,735.

FORM 990, PART V, LINE 2A

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.

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

Schedule O (Form 990 or 990-EZ) (2014)

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08-27-14



Name of the organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	Employer identification number 59-6211832
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FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING BOARD OF DIRECTORS HAVE BUSINESS RELATIONSHIPS:

RITA ADLER HAS A BUSINESS RELATIONSHIP WITH RICHARD WALSH.

BEN MCMAHAN HAS A BUSINESS RELATIONSHIP WITH JAMES W. FERRELL.

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

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

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 FURNISHES OTHERS.

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

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

IN ADDITION TO THE STEPS MENTIONED ABOVE, THE FOUNDATION CEO'S

COMPENSATION, INCLUDING ANY SALARY INCREASE, IS REVIEWED AND APPROVED BY

THE UNIVERSITY PRESIDENT.

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, AND  
FINANCIAL STATEMENTS ARE PUBLISHED ON THE FOUNDATION'S WEBSITE, THE POLICY  
IQ SOFTWARE, OR AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS  
SET FORTH IN IRC SECTION 6104(D).

FORM 990, PART VII, SECTION A

UCF HIRED A NEW CEO MICHAEL J. MORSEBERGER, EFFECTIVE 6/1/2015. SINCE  
HE WAS NOT A UCF EMPLOYEE IN CALENDAR YEAR 2014, HE DID NOT RECEIVE A  
2014 W-2, WHICH IS THE TAX DOCUMENT REQUIRED TO BE USED FOR EMPLOYEE  
COMPENSATION ON SCHEDULE J, NO COMPENSATION IS REPORTED FOR HIM IN THIS  
SECTION. ROBERT HOLMES WAS THE CEO OF THE FOUNDATION UP TO 5/31/2015.

FORM 990, PART XII, LINE 2C

THERE HAS BEEN NO CHANGE TO EITHER THE OVERSIGHT PROCESS OR SELECTION  
PROCESS DURING THE TAX YEAR.

FORM 990, PART VIII, LINE 7 AND PART XI, LINE 5

DURING THE YEAR, THE UCF FOUNDATION CHANGED INVESTMENT MANAGERS. AS A  
RESULT OF THE CHANGE, THE FOUNDATION SOLD A MAJOR PORTION OF ITS  
INVESTMENTS AND REINVESTED THE PROCEEDS INTO NEW INVESTMENTS. THIS  
TRANSACTION RESULTING IN AN UNUSUALLY HIGH REALIZED GAIN ON SALE OF  
SECURITIES AND UNREALIZED LOSS ON THE SECURITIES, THAT WAS RECORDED FOR  
THE YEAR. DUE TO THE CASH BASIS NATURE OF INFORMATION REPORTED ON THE

TAX RETURN, ONLY THE REALIZED GAIN IS INCLUDED IN THE REVENUE AND

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

Employer identification number  
59-6211832

RECEIPTS AND THE UNREALIZED LOSS IS A RECONCILING ITEM IN PART XI OF

THE FORM 990.

AS REPORTED IN THE AUDITED FINANCIAL STATEMENTS, THE TOTAL NET REALIZED

AND UNREALIZED GAINS (LOSSES) ON INVESTMENTS FRO THE FISCAL YEAR ENDED

06/30/15 WAS (\$632,536). THIS TOTAL IS BROKEN DOWN AS FOLLOWS:

REALIZED GAIN FROM SALE OF INVESTMENTS	\$33,048,010
UNREALIZED LOSSED ON INVESTMENTS	(33,680,546)
NET REALIZED AND UNREALIZED GAINS (LOSSES) ON INVESTMENTS	\$ (632,536)

FORM 990, HEADING ITEM G

TOTAL GROSS RECEIPTS FOR THE FISCAL YEAR IS MADE UP OF THE FOLLOWING:

CONTRIBUTION, GIFTS, AND GRANTS	\$ 29,500,099
PROGRAM REVENUES	2,829,540
INVESTMENT INCOME	2,277,390
ROYALTIES	282,070
GROSS RENTS	9,784,455
GROSS PROCEEDS FROM SALES OF INVESTMENTS	146,968,414
GROSS INCOME FROM FUNDRAISING	282,589
GROSS SALES OF INVENTORY	17,914
ADVERTISING REVENUE	32,049
MISCELLANEOUS REVENUE	1,277
TOTAL GROSS RECEIPTS	\$191,975,797

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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 CROSSING 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

Schedule R (Form 990) 2014

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

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



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

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

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



# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2014 or other tax year beginning JUL 1, 2014, and ending JUN 30, 2015

# 2014

Department of the Treasury  
Internal Revenue Service

▶ **Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 12424 RESEARCH PARKWAY, NO. 140 City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32826	<b>D</b> Employer identification number (Employees' trust, see instructions.) 59-6211832  <b>E</b> Unrelated business activity codes (See instructions.) 531190      541800
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<b>C</b> Book value of all assets at end of year 289,988,145.	<b>F</b> Group exemption number (See instructions.)	<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
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**H** Describe the organization's primary unrelated business activity. ▶ **REAL PROPERTY RENTAL INCOME FROM DEBT-FINANCED PROPERTY**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **ALBERT J. FRANCIS II, CPA** Telephone number ▶ **407-882-1220**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <span style="float: right;">17,914.</span>			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b> 17,914.		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b> 13,000.		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> 4,914.		4,914.
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b> 64,999.		64,999.
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule) <b>SEE STATEMENT 1</b>	<b>12</b> 81,504.		81,504.
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 151,417.		151,417.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules) <b>SEE STATEMENT 3</b> <b>SEE STATEMENT 2</b>	<b>20</b>	15,042.
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	15,042.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	136,375.
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	136,375.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	135,375.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b> Income tax on the amount on line 34	<b>35c</b>	36,046.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b>	36,046.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>		
<b>b</b> Other credits (see instructions)	<b>40b</b>		
<b>c</b> General business credit. Attach Form 3800	<b>40c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>		
<b>e Total credits.</b> Add lines 40a through 40d	<b>40e</b>		
<b>41</b> Subtract line 40e from line 39	<b>41</b>		36,046.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>		
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b>		36,046.
<b>44a</b> Payments: A 2013 overpayment credited to 2014	<b>44a</b>		
<b>b</b> 2014 estimated tax payments	<b>44b</b>	23,390.	
<b>c</b> Tax deposited with Form 8868	<b>44c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>		
<b>e</b> Backup withholding (see instructions)	<b>44e</b>		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>		
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>44g</b>		
<b>45 Total payments.</b> Add lines 44a through 44g	<b>45</b>		23,390.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>		111.
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>		12,767.
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>		
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>49</b>		

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation  N/A

<b>1</b> Inventory at beginning of year	<b>1</b>	0.	<b>6</b> Inventory at end of year	<b>6</b>	0.
<b>2</b> Purchases	<b>2</b>	13,000.	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	13,000.
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs (att. schedule)	<b>4a</b>				X
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>	13,000.			

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer _____	Date _____	CFO Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Paid Preparer Use Only</b>	Print/Type preparer's name THERESA A. BURDINE, CPA	Preparer's signature _____	
	Firm's name <b>RSM US LLP</b>	Firm's EIN <b>42-0714325</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00362629</b>
	Firm's address <b>7351 OFFICE PARK PL MELBOURNE, FL 32940</b>	Phone no. <b>321-751-6200</b>		

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property

(1)			
(2)			
(3)			
(4)			
<b>2. Rent received or accrued</b>		<b>3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</b>	
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) <span style="float: right;">▶</span>		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) <span style="float: right;">▶</span>	
		0.	

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

<b>1. Description of debt-financed property</b>		<b>2. Gross income from or allocable to debt-financed property</b>	<b>3. Deductions directly connected with or allocable to debt-financed property</b>	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</b>	<b>5. Average adjusted basis of or allocable to debt-financed property (attach schedule)</b>	<b>6. Column 4 divided by column 5</b>	<b>7. Gross income reportable (column 2 x column 6)</b>	<b>8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))</b>
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> <span style="float: right;">▶</span>			0.	0.
<b>Total dividends-received deductions</b> included in column 8 <span style="float: right;">▶</span>			0.	

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

<b>1. Name of controlled organization</b>	<b>2. Employer identification number</b>	<b>Exempt Controlled Organizations</b>			
		<b>3. Net unrelated income (loss) (see instructions)</b>	<b>4. Total of specified payments made</b>	<b>5. Part of column 4 that is included in the controlling organization's gross income</b>	<b>6. Deductions directly connected with income in column 5</b>
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

<b>7. Taxable income</b>	<b>8. Net unrelated income (loss) (see instructions)</b>	<b>9. Total of specified payments made</b>	<b>10. Part of column 9 that is included in the controlling organization's gross income</b>	<b>11. Deductions directly connected with income in column 10</b>
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> <span style="float: right;">▶</span>			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) NON-PERIODICAL						
(2) ADVERTISING	64,999.		64,999.			
(3)						
(4)						
<b>Totals</b> .....		64,999.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....		0.	0.			0.
<b>Totals, Part II</b> (lines 1-5) .....		0.	0.			0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.

**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

**2014**

Name <b>UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.</b>		Employer identification number <b>59-6211832</b>
<b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
<b>1</b>	Taxable income or (loss) before net operating loss deduction	135,375.
<b>2</b>	<b>Adjustments and preferences:</b>	
<b>a</b>	Depreciation of post-1986 property	<b>2a</b>
<b>b</b>	Amortization of certified pollution control facilities	<b>2b</b>
<b>c</b>	Amortization of mining exploration and development costs	<b>2c</b>
<b>d</b>	Amortization of circulation expenditures (personal holding companies only)	<b>2d</b>
<b>e</b>	Adjusted gain or loss	<b>2e</b>
<b>f</b>	Long-term contracts	<b>2f</b>
<b>g</b>	Merchant marine capital construction funds	<b>2g</b>
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	<b>2h</b>
<b>i</b>	Tax shelter farm activities (personal service corporations only)	<b>2i</b>
<b>j</b>	Passive activities (closely held corporations and personal service corporations only)	<b>2j</b>
<b>k</b>	Loss limitations	<b>2k</b>
<b>l</b>	Depletion	<b>2l</b>
<b>m</b>	Tax-exempt interest income from specified private activity bonds	<b>2m</b>
<b>n</b>	Intangible drilling costs	<b>2n</b>
<b>o</b>	Other adjustments and preferences <span style="float: right;">SEE STATEMENT 5 *</span>	2,792.
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	138,167.
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>	
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions	138,167.
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	0.
<b>c</b>	Multiply line 4b by 75% (.75). Enter the result as a positive amount	<b>4c</b>
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive)	<b>4d</b>
<b>e</b>	ACE adjustment. <ul style="list-style-type: none"> <li>• If line 4b is zero or more, enter the amount from line 4c</li> <li>• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>	0.
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	138,167.
<b>6</b>	Alternative tax net operating loss deduction (see instructions)	<b>6</b>
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	138,167.
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
<b>a</b>	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	0.
<b>b</b>	Multiply line 8a by 25% (.25)	0.
<b>c</b>	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	40,000.
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0-	98,167.
<b>10</b>	Multiply line 9 by 20% (.20)	19,633.
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	<b>11</b>
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10	19,633.
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit	36,046.
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2014)

\* SEE ALSO

SEE STATEMENT 4

**Adjusted Current Earnings (ACE) Worksheet**

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 .....		1	138,167.
2 ACE depreciation adjustment:			
a	AMT depreciation .....	2a	
b ACE depreciation:			
(1)	Post-1993 property .....	2b(1)	
(2)	Post-1989, pre-1994 property .....	2b(2)	
(3)	Pre-1990 MACRS property .....	2b(3)	
(4)	Pre-1990 original ACRS property .....	2b(4)	
(5)	Property described in sections 168(f)(1) through (4) .....	2b(5)	
(6)	Other property .....	2b(6)	
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6) .....	2b(7)	
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a .....	2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a	Tax-exempt interest income .....	3a	
b	Death benefits from life insurance contracts .....	3b	
c	All other distributions from life insurance contracts (including surrenders) .....	3c	
d	Inside buildup of undistributed income in life insurance contracts .....	3d	
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) .....	3e	
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e .....	3f	
4 Disallowance of items not deductible from E&P:			
a	Certain dividends received .....	4a	
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 .....	4b	
c	Dividends paid to an ESOP that are deductible under section 404(k) .....	4c	
d	Nonpatronage dividends that are paid and deductible under section 1382(c) .....	4d	
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) .....	4e	
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e .....	4f	
5 Other adjustments based on rules for figuring E&P:			
a	Intangible drilling costs .....	5a	
b	Circulation expenditures .....	5b	
c	Organizational expenditures .....	5c	
d	LIFO inventory adjustments .....	5d	
e	Installment sales .....	5e	
f	Total other E&P adjustments. Combine lines 5a through 5e .....	5f	
6 Disallowance of loss on exchange of debt pools .....		6	
7 Acquisition expenses of life insurance companies for qualified foreign contracts .....		7	
8 Depletion .....		8	
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property .....		9	
10 <b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 .....		10	138,167.



FORM 990-T	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
ROYALTIES			81,504.
TOTAL TO FORM 990-T, PAGE 1, LINE 12			81,504.

FORM 990-T	CONTRIBUTIONS	STATEMENT	2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
JEWISH NATIONAL FUND	N/A	2,000.	400.
ORLANDO SHAKESPEARE THEATER	N/A	2,500.	
ALZHEIMER'S ASSOCIATION	N/A	50.	560.
FLORIDA HOSPITAL FOUNDATION	N/A	840.	
CHARITY CHALLENGE XXX	N/A	500.	
HINDU SOCIETY OF CENTRAL FLORIDA, INC.	N/A	420.	
THE FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS	N/A	152.	348.
MENTAL HEALTH ASSOCIATION OF CENTRAL FLORIDA	N/A	750.	
ORLANDO HEALTH FOUNDATION	N/A	750.	550.
		550.	
THE FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS	N/A	1,000.	300.
CHILDREN'S HOME SOCIETY OF FLORIDA	N/A	350.	
TOTAL TO FORM 990-T, PAGE 1, LINE 20		12,020.	

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

## QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

## CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2009

FOR TAX YEAR 2010

FOR TAX YEAR 2011

FOR TAX YEAR 2012

230

FOR TAX YEAR 2013

3,696

TOTAL CARRYOVER

3,926

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

12,020

TOTAL CONTRIBUTIONS AVAILABLE

15,946

TAXABLE INCOME LIMITATION AS ADJUSTED

15,042

EXCESS 10% CONTRIBUTIONS

904

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

904

ALLOWABLE CONTRIBUTIONS DEDUCTION

15,042

TOTAL CONTRIBUTION DEDUCTION

15,042

FORM 4626	AMT CONTRIBUTIONS	STATEMENT	4
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS			
FOR TAX YEAR 2009			
FOR TAX YEAR 2010			
FOR TAX YEAR 2011			
FOR TAX YEAR 2012	230		
FOR TAX YEAR 2013			
TOTAL CARRYOVER		230	
CURRENT YEAR CONTRIBUTIONS		12,020	
TOTAL CONTRIBUTIONS		12,250	
10% OF TAXABLE INCOME AS ADJUSTED		15,042	
EXCESS CONTRIBUTIONS		0	
ALLOWABLE CONTRIBUTIONS		12,250	
AMT CHARITABLE DEDUCTION		12,250	
REGULAR CONTRIBUTION DEDUCTION		15,042	
AMT CONTRIBUTION ADJUSTMENT		2,792	

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FORM 4626	OTHER AMT ADJUSTMENTS	STATEMENT	5
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DESCRIPTIONAMOUNT

CHARITABLE CONTRIBUTIONS

2,792.

TOTAL TO FORM 4626, LINE 20

2,792.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	Employer identification number (EIN) or 59-6211832
	Number, street, and room or suite no. If a P.O. box, see instructions. 12424 RESEARCH PARKWAY, NO. 140	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORLANDO, FL 32826	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

ALBERT J. FRANCIS II, CPA

- The books are in the care of  12424 RESEARCH PARKWAY SUITE 140 - ORLANDO, FL 32826  
Telephone No.  407-882-1220 Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2016.

5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2014, and ending JUN 30, 2015.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
ADDITIONAL TIME & INFORMATION IS NEEDED TO COMPLETE AN ACCURATE RETURN

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

**Florida Tentative Income / Franchise Tax Return  
and Application for Extension of Time to File Return**

**1019**  
F-7004  
R. 01/15  
Rule 12C-1.051  
Florida Administrative Code  
Effective 01/15

**Information for Filing Florida Form F-7004**

F-7004  
R. 01/15

**When to file** - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to [www.myflorida.com/dor](http://www.myflorida.com/dor)

**Penalties for failure to pay tax** - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due.

**Signature** - A person authorized by the taxpayer must sign Florida Form F-7004. They must be (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

**The Florida Form F-7004 must be filed** - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

**ADDITIONAL TIME & INFORMATION IS NEEDED TO COMPLETE AN ACCURATE RETURN**

**Make checks payable and mail to:**  
FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

A. If applicable, state the reason you need the extension:

\_\_\_\_\_

B. Type of federal return filed: 990-T  
Contact person for questions: ALBERT J. FRANCIS I  
Telephone number: 407-882-1220  
Contact person email address: \_\_\_\_\_

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. 0.00

Transfer the amount on Line 3 to **Tentative tax due**.

444961  
09-24-14

**Florida Tentative Income / Franchise Tax Return  
and Application for Extension of Time to File Return**

**1019**  
F-7004  
R. 01/15

Name **UNIVERSITY OF CENTRAL FLORIDA  
FOUNDATION, INC.**  
Address **12424 RESEARCH PARKWAY**  
City/State/ZIP **ORLANDO, FL 32826**

FEIN 59-6211832  
Taxable Year End 06/30/15  
FILING STATUS Corporation  Partnership \_\_\_\_\_  
Check here if you transmitted funds electronically \_\_\_\_\_  
Tentative Tax Due \$ 0.00

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

596211832	0	0	0
1	0	0	0
20150630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

**Declaration/Installment of Florida Estimated Income/Franchise Tax  
for Taxable Year Beginning on or After January 1, 2015**

**1019**  
F-1120ES  
R. 01/15  
Rule 12C-1.051  
Florida Administrative Code  
Effective 01/15

**Information for Filing Florida Form F-1120ES**

F-1120ES  
R. 01/15

**1. Who must make estimated tax payments** - Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220, Florida Statutes, must declare estimated tax for the taxable year if the amount of income tax liability for the year will be more than \$2,500.

Phone number: 407-882-1220  
Contact person email address: \_\_\_\_\_

**To file online go to [www.myflorida.com/dor](http://www.myflorida.com/dor)**

**2. Due Date** - Generally, estimated tax must be paid on or before the last day of the 4th, 6th, and 9th month of the taxable year and the last day of the taxable year; 25 percent of the estimated tax must be paid with each installment.

Estimated Tax Payment	Income/Franchise Tax
1. Amount of this installment	1. 1,216.00
2. Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.
3. Amount of this payment (Line 1 minus Line 2)	3. 1,216.00

Transfer the amount on Line 3 to **Estimated tax payment**.

**4. Interest and Penalties** - If you fail to comply with the law about filing a declaration or paying estimated tax, you will be assessed interest and penalties.

Contact person for questions: ALBERT J. FRANCIS II

**Make checks payable and mail to:**

Florida Department of Revenue, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

444111  
09-24-14

**Declaration/Installment of Florida Estimated Income/Franchise Tax  
for Taxable Year Beginning on or After January 1, 2015**

**1019**  
F-1120ES  
R. 01/15

**Name** UNIVERSITY OF CENTRAL FLORIDA  
**Address** FOUNDATION, INC.  
12424 RESEARCH PARKWAY  
**City/State/ZIP** ORLANDO, FL 32826

Installment # 1  
FEIN 59-6211832  
Taxable Year Ending 06/30/16  
Estimated Tax Payment \$ 1,216.00  
Check here if you transmitted funds electronically   
DOR USE ONLY  
\_\_\_\_/\_\_\_\_/\_\_\_\_

596211832	0	0	0
0	0	0	0
20160630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	121600

121600

8516 0 20160630 0002005033 3 3596211832 0000 2



**Declaration/Installment of Florida Estimated Income/Franchise Tax  
for Taxable Year Beginning on or After January 1, 2015**

**1019**  
F-1120ES  
R. 01/15  
Rule 12C-1.051  
Florida Administrative Code  
Effective 01/15

**Information for Filing Florida Form F-1120ES**

F-1120ES  
R. 01/15

**1. Who must make estimated tax payments** - Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220, Florida Statutes, must declare estimated tax for the taxable year if the amount of income tax liability for the year will be more than \$2,500.

Phone number: 407-882-1220  
Contact person email address: \_\_\_\_\_

**To file online go to [www.myflorida.com/dor](http://www.myflorida.com/dor)**

**2. Due Date** - Generally, estimated tax must be paid on or before the last day of the 4th, 6th, and 9th month of the taxable year and the last day of the taxable year; 25 percent of the estimated tax must be paid with each installment.

Estimated Tax Payment	Income/Franchise Tax
1. Amount of this installment	1. 1,216.00
2. Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.
3. Amount of this payment (Line 1 minus Line 2)	3. 1,216.00

Transfer the amount on Line 3 to **Estimated tax payment**.

**4. Interest and Penalties** - If you fail to comply with the law about filing a declaration or paying estimated tax, you will be assessed interest and penalties.

Contact person for questions: ALBERT J. FRANCIS II

**Make checks payable and mail to:**

Florida Department of Revenue, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

444111  
09-24-14

**Declaration/Installment of Florida Estimated Income/Franchise Tax  
for Taxable Year Beginning on or After January 1, 2015**

**1019**  
F-1120ES  
R. 01/15

**Name** UNIVERSITY OF CENTRAL FLORIDA  
**Address** FOUNDATION, INC.  
12424 RESEARCH PARKWAY  
**City/State/ZIP** ORLANDO, FL 32826

Installment # 2  
FEIN 59-6211832  
Taxable Year Ending 06/30/16  
Estimated Tax Payment \$ 1,216.00  
Check here if you transmitted funds electronically   
DOR USE ONLY  
\_\_\_\_/\_\_\_\_/\_\_\_\_

596211832	0	0	0
0	0	0	0
20160630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	121600

121600

8516 0 20160630 0002005033 3 3596211832 0000 2

**Declaration/Installment of Florida Estimated Income/Franchise Tax  
for Taxable Year Beginning on or After January 1, 2015**

**1019**  
**F-1120ES**  
**R. 01/15**  
Rule 12C-1.051  
Florida Administrative Code  
Effective 01/15

**Information for Filing Florida Form F-1120ES**

**F-1120ES**  
**R. 01/15**

**1. Who must make estimated tax payments** - Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220, Florida Statutes, must declare estimated tax for the taxable year if the amount of income tax liability for the year will be more than \$2,500.

Phone number: 407-882-1220  
Contact person email address: \_\_\_\_\_

**To file online go to [www.myflorida.com/dor](http://www.myflorida.com/dor)**

**2. Due Date** - Generally, estimated tax must be paid on or before the last day of the 4th, 6th, and 9th month of the taxable year and the last day of the taxable year; 25 percent of the estimated tax must be paid with each installment.

Estimated Tax Payment	Income/Franchise Tax
1. Amount of this installment	1. 1,216.00
2. Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.
3. Amount of this payment (Line 1 minus Line 2)	3. 1,216.00

Transfer the amount on Line 3 to **Estimated tax payment**.

**4. Interest and Penalties** - If you fail to comply with the law about filing a declaration or paying estimated tax, you will be assessed interest and penalties.

Contact person for questions: ALBERT J. FRANCIS II

**Make checks payable and mail to:**

Florida Department of Revenue, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

444111  
09-24-14

**Declaration/Installment of Florida Estimated Income/Franchise Tax  
for Taxable Year Beginning on or After January 1, 2015**

**1019**  
**F-1120ES**  
**R. 01/15**

**Name** UNIVERSITY OF CENTRAL FLORIDA  
**Address** FOUNDATION, INC.  
12424 RESEARCH PARKWAY  
**City/State/ZIP** ORLANDO, FL 32826

Installment # 3  
FEIN 59-6211832  
Taxable Year Ending 06/30/16  
Estimated Tax Payment \$ 1,216.00  
Check here if you transmitted funds electronically   
DOR USE ONLY  
\_\_\_\_/\_\_\_\_/\_\_\_\_

596211832	0	0	0
0	0	0	0
20160630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	121600

121600

8516 0 20160630 0002005033 3 3596211832 0000 2

**Declaration/Installment of Florida Estimated Income/Franchise Tax  
for Taxable Year Beginning on or After January 1, 2015**

**1019**  
F-1120ES  
R. 01/15  
Rule 12C-1.051  
Florida Administrative Code  
Effective 01/15

**Information for Filing Florida Form F-1120ES**

F-1120ES  
R. 01/15

**1. Who must make estimated tax payments** - Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220, Florida Statutes, must declare estimated tax for the taxable year if the amount of income tax liability for the year will be more than \$2,500.

Phone number: 407-882-1220  
Contact person email address: \_\_\_\_\_

**To file online go to [www.myflorida.com/dor](http://www.myflorida.com/dor)**

**2. Due Date** - Generally, estimated tax must be paid on or before the last day of the 4th, 6th, and 9th month of the taxable year and the last day of the taxable year; 25 percent of the estimated tax must be paid with each installment.

Estimated Tax Payment	Income/Franchise Tax
1. Amount of this installment	1. 1,216.00
2. Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.
3. Amount of this payment (Line 1 minus Line 2)	3. 1,216.00

Transfer the amount on Line 3 to **Estimated tax payment**.

**4. Interest and Penalties** - If you fail to comply with the law about filing a declaration or paying estimated tax, you will be assessed interest and penalties.

Contact person for questions: ALBERT J. FRANCIS II

**Make checks payable and mail to:**

Florida Department of Revenue, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

444111  
09-24-14

**Declaration/Installment of Florida Estimated Income/Franchise Tax  
for Taxable Year Beginning on or After January 1, 2015**

**1019**  
F-1120ES  
R. 01/15

**Name** UNIVERSITY OF CENTRAL FLORIDA  
**Address** FOUNDATION, INC.  
12424 RESEARCH PARKWAY  
**City/State/ZIP** ORLANDO, FL 32826

Installment # 4  
FEIN 59-6211832  
Taxable Year Ending 06/30/16  
Estimated Tax Payment \$ 1,216.00  
Check here if you transmitted funds electronically   
DOR USE ONLY  
\_\_\_\_/\_\_\_\_/\_\_\_\_

596211832	0	0	0
0	0	0	0
20160630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	121600

121600

8516 0 20160630 0002005033 3 3596211832 0000 2



Florida Corporate Income/Franchise Tax Return

FEIN 59-6211832

F-1120, R. 01/15 1019

For calendar year 2014 or tax year beginning JUL 1, 2014 ending JUN 30, 2015

Rule 12C-1.051 Florida Administrative Code Effective 01/15

851602015063000020050372359621183200002

Name UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC. Address 12424 RESEARCH PARKWAY City/State/ZIP ORLANDO, FL 32826

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

Table with 3 columns: Description, Check here if negative, Amount. Rows include Federal taxable income, State income taxes, Additions, Subtractions, Florida exemption, and Total amount due.

444081 09-24-14

Florida Corporate Income Tax Return

1019 F-1120 R. 01/15

Do Not Detach

YEAR ENDING 06/30/15

To ensure proper credit to your account, enclose your check with tax return when mailing.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Name UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC. Address 12424 RESEARCH PARKWAY City/State/ZIP ORLANDO, FL 32826

Check here if you transmitted funds electronically

Table with 4 columns: Identification numbers (596211832, 20140701, 20150630, 00000000, 012, 202, 13537500, 0) and corresponding values (302200, 0, 13839700, 0.000000, 0, 0, 0, 5000000).

153800

8516 0 20150630 0002005037 2 3596211832 0000 2



UNIVERSITY OF CENTRAL FLORIDA FOUNDA

FEIN 59-6211832

1019
F-1120
R. 01/15
Page 2
06/30/15

This return is considered incomplete unless a copy of the federal return is attached.
If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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 taxpayer) is based on all information of which preparer has any knowledge.
Sign here: Signature of officer (must be an original signature), Date, Title CFO
Paid preparers only: Preparer's signature, Date, Preparer check if self-employed, Preparer's PTIN P00362629
Firm's name (or yours if self-employed) and address: RSM US LLP, 7351 OFFICE PARK PL, MELBOURNE, FL
FEIN: 42-0714325
ZIP: 32940

All Taxpayers Must Answer Questions A through M Below - See Instructions

- A. State of incorporation:
B. Florida Secretary of State document number:
C. Florida consolidated return? YES NO [X]
D. [ ] Initial return [ ] Final return (final federal return filed)
E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) [X] General Rule [ ] Election A [ ] Election B
F. Principal Business Activity Code (as pertains to Florida) 531190
G. A Florida extension of time was timely filed? YES NO [X]
H-1. Corporation is a member of a controlled group? YES NO [X] If yes, attach list.
H-2. Part of a federal consolidated return? YES NO [X] If yes, provide: FEIN from federal consolidated return: Name of corporation:
H-3. The federal common parent has sales, property, or payroll in Florida? YES NO [X]
I. Location of corporate books: 12424 RESEARCH PARKWAY SUITE 140, ORLANDO, FL 32826
J. Taxpayer is a member of a Florida partnership or joint venture? YES NO [X]
K. Enter date of latest IRS audit:
a) List years examined:
L. Contact person concerning this return: ALBERT J. FRANCIS II
a) Contact person telephone number: 407-882-1220
b) Contact person e-mail address:
M. Type of federal return filed [ ] 1120 [ ] 1120S or 990-T



Where to Send Payments and Returns

Make check payable to and mail with return to:
Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:
Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- Make your check payable to the Florida Department of Revenue.
Write your FEIN on your check.
Sign your check and return.
Attach a copy of your federal return.
Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME UNIVERSITY OF CENTRAL FLORIDA

FEIN 59-6211832

TAXABLE YEAR ENDING 06/30/15

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5. 3,022.00	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. New markets tax credit	14.	14.
15. Entertainment industry tax credit	15.	15.
16. Research and Development tax credit	16.	16.
17. Energy Economic Zone tax credit	17.	17.
18. Other additions (attach statement)	18.	18.
19. Total Lines 1 through 18 in Columns (a) and (b). Enter totals for each column on Line 19. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	19. 3,022.00	19.

Schedule II - Subtractions from Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶	1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶	2.	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.		
3. Florida net operating loss carryover deduction (see instructions)	3.	3.
4. Florida net capital loss carryover deduction (see instructions)	4.	4.
5. Florida excess charitable contribution carryover (see instructions)	5.	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.	7.
8. Eligible net income of an international banking facility (see instructions)	8.	8.
9. s. 179, IRC expense (see instructions)	9.	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.	10.
11. Other subtractions (attach statement)	11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5.	12.	12.



NAME UNIVERSITY OF CENTRAL FLORIDA

FEIN 59-6211832

TAXABLE YEAR ENDING 06/30/15

<b>Schedule III - Apportionment of Adjusted Federal Income</b>					
<b>III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.</b>					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight <small>If any factor in Column (b) is zero, see note on Pg 9 of the instructions.</small>	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					1.00000
<b>III-B For use in computing average value of property (use original cost).</b>	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) ..... 6a.	_____				
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) .....	6b. _____				
7. Rented property (8 times net annual rent)					
a. Rented property in Florida .....	7a. _____				
b. Rented property Everywhere .....	7b. _____				
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida .....	8a. _____				
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere .....	8b. _____				
<b>III-C Sales Factor</b>	(a) TOTAL WITHIN FLORIDA (Numerator)		(b) TOTAL EVERYWHERE (Denominator)		
1. Sales (gross receipts)	N/A		N/A		
2. Sales delivered or shipped to Florida purchasers			N/A		
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])					
<b>III-D Special Apportionment Fractions (see instructions)</b>	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction [(a) ÷ (b)] Rounded to Six Decimal Places		
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

<b>Schedule IV - Computation of Florida Portion of Adjusted Federal Income</b>		
	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. [b])	1.	1.
2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column [c])	2.	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	9.



NAME UNIVERSITY OF CENTRAL FLORIDA

FEIN 59-6211832

TAXABLE YEAR ENDING 06/30/15

<b>Schedule V - Credits Against the Corporate Income/Franchise Tax</b>	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. State housing tax credit (attach certification letter)	12.
13. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	13.
14. Florida renewable energy technologies investment tax credit	14.
15. Florida renewable energy production tax credit	15.
16. New markets tax credit	16.
17. Entertainment industry tax credit	17.
18. Research and Development tax credit	18.
19. Energy Economic Zone tax credit	19.
20. Other credits (attach schedule)	20.
21. Total credits against the tax (sum of Lines 1 through 20 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	21.

<b>Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)</b>	
1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income (from Schedule I, Column [b])	3.
4. Total of Lines 1 through 3	4.
5. Subtractions from federal taxable income (from Schedule II, Column [b])	5.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.
7. Florida portion of adjusted federal income (see instructions)	7.
8. Nonbusiness income allocated to Florida (see instructions)	8.
9. Florida exemption	9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.





NAME UNIVERSITY OF CENTRAL FLORIDA FEIN 59-6211832 TAXABLE YEAR ENDING 06/30/15

**Schedule R - Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

Type	Amount
Total allocated to Florida	1. _____
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

**Line 2. Nonbusiness income (loss) allocated elsewhere**

Type	State/country allocated to	Amount
Total allocated elsewhere		2. _____

**Line 3. Total nonbusiness income**

Grand total. Total of Lines 1 and 2	3. _____
(Enter here and on Schedule II, Line 7)	

**Estimated Tax Worksheet  
For Taxable Years Beginning On or After January 1, 2015**

1. Florida income expected in taxable year	1.	\$	138,397.00
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2.	\$	50,000.00
3. Estimated Florida net income (Line 1 less Line 2)	3.	\$	88,397.00
4. Total Estimated Florida tax (5.5% of Line 3)*		\$	4,862.00
Less: Credits against the tax	4.	\$	4,862.00

\* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.

5. Computation of installments:

Payment due dates and payment amounts:	Last day of 4th month - Enter 0.25 of Line 4	5a.	1,216.00
	Last day of 6th month - Enter 0.25 of Line 4	5b.	1,216.00
	Last day of 9th month - Enter 0.25 of Line 4	5c.	1,216.00
	Last day of fiscal year - Enter 0.25 of Line 4	5d.	1,216.00

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax	1.	\$	_____
2. Less:			
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date	2a.	\$	_____
(b) Payments made on estimated tax declaration (Florida Form F-1120ES)	2b.	\$	_____
(c) Total of Lines 2(a) and 2(b)	2c.	\$	_____
3. Unpaid balance (Line 1 less Line 2(c))	3.	\$	_____
4. Amount to be paid (Line 3 divided by number of remaining installments)	4.	\$	_____



UNIVERSITY OF CENTRAL FLORIDA FOUNDATION

1019  
F-1120  
R. 01/15

FEIN 59-6211832  
DATA Page 1

596211832	0	0	0
13839700	0	0	0
8839700	0	0	0
486200	0	0	0
4800	0	0	0
0	0	0	0
2800	0	0	0
0	0	0	0
493800	0	0	0
1	0	0	0
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00000000	0	0	0
0	0	0	0
0	0	0	0
0	302200	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0



UNIVERSITY OF CENTRAL FLORIDA FOUNDATION

1019  
F-1120  
R. 01/15

FEIN 59-6211832  
DATA Page 2

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0	0	0	0

**Underpayment of Estimated Tax on Florida  
Corporate Income/Franchise Tax**

1019 F-2220  
R. 01/15  
Rule 12C-1.051  
Florida Administrative Code  
Effective 01/15

<b>For Tax Year:</b> <b>Beginning</b> JULY 1, 2014  <b>Ending</b> JUNE 30, 2015	Federal Employer Identification Number (FEIN): 59-6211832 Name: UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC. Address: 12424 RESEARCH PARKWAY City/State/ZIP: ORLANDO, FL 32826
--	---

1. Total income/franchise tax due for the year (enter from Florida Form F-1120, Line 13)	4,862.			
2. 90% of Line 1	4,376.			
Enter in Columns 1 through 4 the installment dates that correspond to the last day of the 4th, 6th, and 9th month and the last day of the tax year.	<b>Computation of Underpayments</b>			
	<b>Due Dates of Installments</b>			
	(1st) 10/31/14	(2nd) 12/31/14	(3rd) 03/31/15	(4th) 06/30/15
3. Enter 25% of Line 2 in Columns 1 through 4	1,094.00	1,094.00	1,094.00	1,094.00
4. (a) Amount paid for each period	1,400.00		2,000.00	
(b) Overpayment credit from prior year				
(c) Overpayment of previous installment		306.00		118.00
5. Total of Lines 4(a), 4(b), and 4(c)	1,400.00	306.00	2,000.00	118.00
6. Underpayment (Line 3 less Line 5) or overpayment (Line 5 less Line 3). An overpayment on Line 6 in excess of all prior underpayments is to be applied as a credit against the next installment. (See Line 4c)	-306.00	788.00	-118.00	-1,024.00

**Exception that avoids penalty and interest**

7. Total cumulative amount paid (or credited) from the beginning of the taxable year through the installment date indicated.	1,400.00	1,400.00	3,400.00	3,400.00
8(a). Tax on prior year's income using current year's rates:	25% of tax 571.75	50% of tax 1,143.50	75% of tax 1,715.25	100% of tax 2,287.00
8(b). Cumulative donations made on or after July 1, 2014, to nonprofit scholarship-funding organizations (SFOs) from the beginning of the taxable year through the installment date indicated. Certificate of contribution must be issued on or before installment due date.				
8(c). Line 8(a) less Line 8(b). This is the prior year exception adjusted for the credit for contributions to SFOs per section (s.) 1002.395(5)(f), Florida Statutes (F.S.)	571.75	1,143.50	1,715.25	2,287.00

**Check below if the exception applies for each underpaid installment (Line 7 must equal or exceed Line 8(c))**

Attach a schedule showing the computation. If the exception does not apply, complete Lines 9 through 14 to determine the amount of the penalty and interest.

Exception: 1st Installment       2nd Installment       3rd Installment       4th Installment

If Line 6 shows an underpayment and the exception does not apply, compute the underpayment penalty and interest by completing the portion(s) of this schedule applicable to the installments. Enter same installment dates used above	<b>Computation of Penalty and Interest</b>			
	<b>Due Dates of Installments</b>			
	(1st) 10/31/14	(2nd) 12/31/14	(3rd) 03/31/15	(4th) 06/30/15
9. Amount of underpayment				
10. Enter the date of payment or the 1st day of the 4th month after the close of the taxable year, whichever is earlier				
11. Number of days from due date of installment to the dates shown on Line 10				
12. Penalty on underpayment (12% per year on the amount of underpayment on Line 9 for the number of days shown on Line 11)		SEE ATTACHED WORKSHEET A		Total Penalty 48.00
13. Interest on underpayments. In general, interest will be the appropriate interest rate on the amount of underpayment on Line 9 for the number of days shown on Line 11		SEE ATTACHED WORKSHEET B		Total Interest 28.00
14. Total of amounts shown on Lines 12 and 13. If this Florida Form F-2220 is being filed with your return, the amounts shown as penalty and interest should be entered on appropriate line of Florida Form F-1120 .....				76.00

**UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

WORKSHEET A - PENALTY

FL

Name(s) UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.					Identifying Number 59-6211832
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
10/31/14	1,094.	1,094.00			
10/31/14	-1,400.	-306.00			
12/31/14	1,094.	788.00	12	.000328767	3.00
01/12/15	-1,000.	-212.00			
02/17/15	-1,000.	-1,212.00			
03/31/15	1,094.	-118.00			
06/30/15	1,094.	976.00	139	.000328767	45.00
Penalty Due (Sum of Column F) .....					48.00

\* Date of estimated tax payment, withholding credit date or installment due date.

**UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

WORKSHEET B - INTEREST

FL

Name(s)					Identifying Number
UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.					59-6211832
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
10/31/14	1,094.	1,094.00			
10/31/14	-1,400.	-306.00			
12/31/14	1,094.	788.00	12	.000191781	2.00
01/12/15	-1,000.	-212.00			
02/17/15	-1,000.	-1,212.00			
03/31/15	1,094.	-118.00			
06/30/15	1,094.	976.00	139	.000191781	26.00
Penalty Due (Sum of Column F) .....					28.00

\* Date of estimated tax payment, withholding credit date or installment due date.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2014 or other tax year beginning JUL 1, 2014, and ending JUN 30, 2015

# 2014

Department of the Treasury  
Internal Revenue Service

▶ **Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed	<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 12424 RESEARCH PARKWAY, NO. 140 City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32826	<b>D</b> Employer identification number (Employees' trust, see instructions.) 59-6211832 <b>E</b> Unrelated business activity codes (See instructions.) 531190 541800
--	---	----------------------	---	--

<b>C</b> Book value of all assets at end of year 289,988,145.	<b>F</b> Group exemption number (See instructions.)	<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---	--

**H** Describe the organization's primary unrelated business activity. ▶ **REAL PROPERTY RENTAL INCOME FROM DEBT-FINANCED PROPERTY**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **ALBERT J. FRANCIS II, CPA** Telephone number ▶ **407-882-1220**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <span style="float: right;">17,914.</span>			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b> 17,914.		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b> 13,000.		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> 4,914.		<b>4,914.</b>
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b> 64,999.		<b>64,999.</b>
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule) <b>SEE STATEMENT 1</b>	<b>12</b> 81,504.		<b>81,504.</b>
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 151,417.		<b>151,417.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules) <b>SEE STATEMENT 3</b> <b>SEE STATEMENT 2</b>	<b>20</b>	<b>15,042.</b>
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>15,042.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>136,375.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>136,375.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>135,375.</b>

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b> Income tax on the amount on line 34	<b>35c</b>	36,046.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b>	36,046.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>	
<b>b</b> Other credits (see instructions)	<b>40b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>	
<b>e Total credits.</b> Add lines 40a through 40d	<b>40e</b>	
<b>41</b> Subtract line 40e from line 39	<b>41</b>	36,046.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b>	36,046.
<b>44a</b> Payments: A 2013 overpayment credited to 2014	<b>44a</b>	
<b>b</b> 2014 estimated tax payments	<b>44b</b>	23,390.
<b>c</b> Tax deposited with Form 8868	<b>44c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>	
<b>e</b> Backup withholding (see instructions)	<b>44e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>44g</b>	
<b>45 Total payments.</b> Add lines 44a through 44g	<b>45</b>	23,390.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>	111.
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>	12,767.
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>	
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>49</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	<b>Yes</b>	<b>No</b>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation  N/A

<b>1</b> Inventory at beginning of year	<b>1</b>	0.	<b>6</b> Inventory at end of year	<b>6</b>	0.
<b>2</b> Purchases	<b>2</b>	13,000.	<b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	13,000.
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>4a</b> Additional section 263A costs (att. schedule)	<b>4a</b>				X
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5 Total.</b> Add lines 1 through 4b	<b>5</b>	13,000.			

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ CFO Title \_\_\_\_\_

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

**Paid Preparer Use Only**

Print/Type preparer's name: THERESA A. BURDINE, CPA  
Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Check  if self-employed PTIN: P00362629  
Firm's name: RSM US LLP Firm's EIN: 42-0714325  
7351 OFFICE PARK PL  
Firm's address: MELBOURNE, FL 32940 Phone no. 321-751-6200



**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**(see instructions)

1. Description of property

(1)			
(2)			
(3)			
(4)			
<b>2. Rent received or accrued</b>		<b>3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</b>	
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ...	
		0.	

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

<b>1. Description of debt-financed property</b>		<b>2. Gross income from or allocable to debt-financed property</b>	<b>3. Deductions directly connected with or allocable to debt-financed property</b>	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</b>	<b>5. Average adjusted basis of or allocable to debt-financed property (attach schedule)</b>	<b>6. Column 4 divided by column 5</b>	<b>7. Gross income reportable (column 2 x column 6)</b>	<b>8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))</b>
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			0.	0.
<b>Total dividends-received deductions</b> included in column 8 .....			0.	

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

<b>1. Name of controlled organization</b>	<b>2. Employer identification number</b>	<b>Exempt Controlled Organizations</b>			
		<b>3. Net unrelated income (loss) (see instructions)</b>	<b>4. Total of specified payments made</b>	<b>5. Part of column 4 that is included in the controlling organization's gross income</b>	<b>6. Deductions directly connected with income in column 5</b>
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

<b>7. Taxable income</b>	<b>8. Net unrelated income (loss) (see instructions)</b>	<b>9. Total of specified payments made</b>	<b>10. Part of column 9 that is included in the controlling organization's gross income</b>	<b>11. Deductions directly connected with income in column 10</b>
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) NON-PERIODICAL						
(2) ADVERTISING	64,999.		64,999.			
(3)						
(4)						
<b>Totals</b> .....		64,999.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....		0.	0.			0.
<b>Totals, Part II</b> (lines 1-5) .....		0.	0.			0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.

FORM 990-T	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
ROYALTIES		81,504.	
TOTAL TO FORM 990-T, PAGE 1, LINE 12		81,504.	

FORM 990-T	CONTRIBUTIONS	STATEMENT	2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
JEWISH NATIONAL FUND	N/A	2,000.	
		400.	
ORLANDO SHAKESPEARE THEATER	N/A	2,500.	
ALZHEIMER'S ASSOCIATION	N/A	50.	
		560.	
FLORIDA HOSPITAL FOUNDATION	N/A	840.	
CHARITY CHALLENGE XXX	N/A	500.	
HINDU SOCIETY OF CENTRAL	N/A		
FLORIDA, INC.		420.	
THE FOUNDATION FOR ORANGE	N/A		
COUNTY PUBLIC SCHOOLS		152.	
		348.	
MENTAL HEALTH ASSOCIATION OF	N/A		
CENTRAL FLORIDA		750.	
ORLANDO HEALTH FOUNDATION	N/A	750.	
		550.	
		550.	
THE FOUNDATION FOR ORANGE	N/A		
COUNTY PUBLIC SCHOOLS		1,000.	
		300.	
CHILDREN'S HOME SOCIETY OF	N/A		
FLORIDA		350.	
TOTAL TO FORM 990-T, PAGE 1, LINE 20		12,020.	

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

## QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

## CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2009

FOR TAX YEAR 2010

FOR TAX YEAR 2011

FOR TAX YEAR 2012

230

FOR TAX YEAR 2013

3,696

TOTAL CARRYOVER

3,926

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

12,020

TOTAL CONTRIBUTIONS AVAILABLE

15,946

TAXABLE INCOME LIMITATION AS ADJUSTED

15,042

EXCESS 10% CONTRIBUTIONS

904

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

904

ALLOWABLE CONTRIBUTIONS DEDUCTION

15,042

TOTAL CONTRIBUTION DEDUCTION

15,042

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return. FORM 990-T

**2014**

▶ Information about Form 2220 and its separate instructions is at [www.irs.gov/form2220](http://www.irs.gov/form2220).

Name **UNIVERSITY OF CENTRAL FLORIDA  
FOUNDATION, INC.**

Employer identification number  
**59-6211832**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

## Part I Required Annual Payment

1 Total tax (see instructions) .....		<b>1</b>	36,046.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
	<b>2b</b>		
	<b>2c</b>		
d Total. Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	36,046.
4 Enter the tax shown on the corporation's 2013 income tax return (see instructions). <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....		<b>4</b>	30,837.
5 <b>Required annual payment.</b> Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	30,837.

## Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty (see instructions).

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

## Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	10/15/14	12/15/14	03/15/15	06/15/15
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. ....	<b>10</b>	7,709.	7,710.	7,709.	7,709.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 .....	<b>11</b>	7,970.		15,420.	
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>		261.		262.
13 Add lines 11 and 12 .....	<b>13</b>		261.	15,420.	262.
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>			7,449.	
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	7,970.	261.	7,971.	262.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		0.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>		7,449.		7,447.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>	261.		262.	

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2014)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	20			
<b>21</b> Number of days on line 20 after 4/15/2014 and before 7/1/2014	21			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$	22	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2014 and before 10/1/2014	23			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$	24	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2014 and before 1/1/2015	25			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$	26	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2014 and before 4/1/2015	27	SEE ATTACHED WORKSHEET		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{365}$	28	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2015 and before 7/1/2015	29			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2015 and before 10/01/2015	31			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2015 and before 1/1/2016	33			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2015 and before 2/16/2016	35			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38		\$	111.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T  
**UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.					Identifying Number 59-6211832
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
10/15/14	7,709.	7,709.			
10/15/14	-7,970.	-261.			
12/15/14	7,710.	7,449.	28	.000082192	17.
01/12/15	-7,710.	-261.			
02/17/15	-7,710.	-7,971.			
03/15/15	7,709.	-262.			
06/15/15	7,709.	7,447.	153	.000082192	94.
Penalty Due (Sum of Column F) .....					111.

\* Date of estimated tax payment, withholding credit date or installment due date.

**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

**2014**

Name <b>UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.</b>		Employer identification number <b>59-6211832</b>
<b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
<b>1</b>	Taxable income or (loss) before net operating loss deduction	135,375.
<b>2</b>	<b>Adjustments and preferences:</b>	
<b>a</b>	Depreciation of post-1986 property	
<b>b</b>	Amortization of certified pollution control facilities	
<b>c</b>	Amortization of mining exploration and development costs	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only)	
<b>e</b>	Adjusted gain or loss	
<b>f</b>	Long-term contracts	
<b>g</b>	Merchant marine capital construction funds	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	
<b>i</b>	Tax shelter farm activities (personal service corporations only)	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only)	
<b>k</b>	Loss limitations	
<b>l</b>	Depletion	
<b>m</b>	Tax-exempt interest income from specified private activity bonds	
<b>n</b>	Intangible drilling costs	
<b>o</b>	Other adjustments and preferences <span style="float: right;">SEE STATEMENT 5 *</span>	2,792.
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	138,167.
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>	
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions	138,167.
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	0.
<b>c</b>	Multiply line 4b by 75% (.75). Enter the result as a positive amount	
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive)	
<b>e</b>	ACE adjustment. <ul style="list-style-type: none"> <li>• If line 4b is zero or more, enter the amount from line 4c</li> <li>• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>	0.
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	138,167.
<b>6</b>	Alternative tax net operating loss deduction (see instructions)	
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	138,167.
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
<b>a</b>	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	0.
<b>b</b>	Multiply line 8a by 25% (.25)	0.
<b>c</b>	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	40,000.
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0-	98,167.
<b>10</b>	Multiply line 9 by 20% (.20)	19,633.
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10	19,633.
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit	36,046.
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2014)

\* SEE ALSO

SEE STATEMENT 4



### Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1		Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 .....	1	138,167.
2		ACE depreciation adjustment:		
a	2a	AMT depreciation .....		
b		ACE depreciation:		
(1)	2b(1)	Post-1993 property .....		
(2)	2b(2)	Post-1989, pre-1994 property .....		
(3)	2b(3)	Pre-1990 MACRS property .....		
(4)	2b(4)	Pre-1990 original ACRS property .....		
(5)	2b(5)	Property described in sections 168(f)(1) through (4) .....		
(6)	2b(6)	Other property .....		
(7)	2b(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6) .....		
c		ACE depreciation adjustment. Subtract line 2b(7) from line 2a .....	2c	
3		Inclusion in ACE of items included in earnings and profits (E&P):		
a	3a	Tax-exempt interest income .....		
b	3b	Death benefits from life insurance contracts .....		
c	3c	All other distributions from life insurance contracts (including surrenders) .....		
d	3d	Inside buildup of undistributed income in life insurance contracts .....		
e	3e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) .....		
f		Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e .....	3f	
4		Disallowance of items not deductible from E&P:		
a	4a	Certain dividends received .....		
b	4b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 .....		
c	4c	Dividends paid to an ESOP that are deductible under section 404(k) .....		
d	4d	Nonpatronage dividends that are paid and deductible under section 1382(c) .....		
e	4e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) .....		
f		Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e .....	4f	
5		Other adjustments based on rules for figuring E&P:		
a	5a	Intangible drilling costs .....		
b	5b	Circulation expenditures .....		
c	5c	Organizational expenditures .....		
d	5d	LIFO inventory adjustments .....		
e	5e	Installment sales .....		
f		Total other E&P adjustments. Combine lines 5a through 5e .....	5f	
6		Disallowance of loss on exchange of debt pools .....	6	
7		Acquisition expenses of life insurance companies for qualified foreign contracts .....	7	
8		Depletion .....	8	
9		Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property .....	9	
10		<b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 .....	10	138,167.

FORM 4626	AMT CONTRIBUTIONS	STATEMENT	4
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS			
FOR TAX YEAR 2009			
FOR TAX YEAR 2010			
FOR TAX YEAR 2011			
FOR TAX YEAR 2012	230		
FOR TAX YEAR 2013			
TOTAL CARRYOVER		230	
CURRENT YEAR CONTRIBUTIONS		12,020	
TOTAL CONTRIBUTIONS		12,250	
10% OF TAXABLE INCOME AS ADJUSTED		15,042	
EXCESS CONTRIBUTIONS		0	
ALLOWABLE CONTRIBUTIONS		12,250	
AMT CHARITABLE DEDUCTION		12,250	
REGULAR CONTRIBUTION DEDUCTION		15,042	
AMT CONTRIBUTION ADJUSTMENT		2,792	

FORM 4626	OTHER AMT ADJUSTMENTS	STATEMENT	5
DESCRIPTION			AMOUNT
CHARITABLE CONTRIBUTIONS			2,792.
TOTAL TO FORM 4626, LINE 20			2,792.