

**Exempt Organization Declaration and Signature for
Electronic Filing**For calendar year 2010, or tax year beginning 07/01, 2010, and ending 06/30, 20 11**2010**Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

UNIVERSITY OF CENTRAL FLORIDA FOUNDATION

Employer identification number

59-6211832

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>28678408.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

**Sign
Here**

Signature of officer

Date

Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's
Use
Only**ERO's
signatureChad D. FrankDate
05/14/2012Check if
also paid
preparer ☐Check if
self-
employed ☒ERO's SSN or PTIN
P01071312Firm's name (or
yours if self-employed),
address, and ZIP code
ERNST & YOUNG U.S. LLP
55 IVAN ALLEN JR BLVD, SUITE 1000
ATLANTA GA 30308
EIN 34-6565596Phone no. 404-874-8300

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

**Paid
Preparer's
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2010**Open to Public
Inspection****A For the 2010 calendar year, or tax year beginning****07/01, 2010, and ending****06/30, 2011****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

12424 RESEARCH PARKWAY

140

City or town, state or country, and ZIP + 4

ORLANDO, FL 32826

F Name and address of principal officer:

ROBERT J. HOLMES, JR - CEO

12424 RESEARCH PARKWAY, STE 140 ORLANDO, FL 32826

D Employer identification number

59-6211832

E Telephone number

(407) 882-1220

G Gross receipts \$ 65,703,216.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.UCFFFOUNDATION.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1968**M** State of legal domicile: FL**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE UCF FOUNDATION, INC. IS A NOT FOR PROFIT ORGANIZATION THAT ENHANCES THE MISSION AND VISION OF THE UNIVERSITY OF CENTRAL FLORIDA THROUGH ITS MANY FUNDRAISING ACTIVITIES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	41.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	39.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0.
	6	Total number of volunteers (estimate if necessary)	6	600.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	165,722.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-25,294.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	9,517,815.	18,829,145.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	520,121.	2,030,644.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,451,040.	4,845,537.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,078,232.	2,973,082.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,567,208.	28,678,408.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	13,446,659.	11,808,071.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	8,371,551.	9,691,460.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,725,591.	6,500.	106,230.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,812,364.	5,227,007.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,637,074.	26,832,768.
19	Revenue less expenses. Subtract line 18 from line 12	-5,069,866.	1,845,640.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	225,958,256.	245,947,887.
	22	Net assets or fund balances. Subtract line 21 from line 20	41,755,174.	39,944,268.
			184,203,082.	206,003,619.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Chad D. Franks	Preparer's signature <i>Chad D. Franks</i>	Date 05/14/2012	Check if self-employed <input type="checkbox"/>	PTIN P01071312
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-6565596	Phone no. 404-874-8300		
	Firm's address ▶ 55 IVAN ALLEN JR BLVD, SUITE 1000 ATLANTA, GA 30308				
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

ATTACHMENT 1

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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,529,937. including grants of \$ 5,485,632.) (Revenue \$ 1,831,093.)

ATHLETIC 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 HELP ASSIST UCF ATHLETICS IN PROVIDING
THE RESOURCES NECESSARY FOR UCF STUDENT ATHLETES TO SUCCEED IN THE
CLASSROOM AND IN COMPETITION.

4b (Code:) (Expenses \$ 4,123,202. including grants of \$ 4,050,298.) (Revenue \$ 2,142.)

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.

4c (Code:) (Expenses \$ 3,759,045. including grants of \$ 1,828,094.) (Revenue \$ 9,297.)

ATTACHMENT 2

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 4,654,640. including grants of \$ 444,047.) (Revenue \$ 503,912.)

4e Total program service expenses ▶ 18,066,824.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; 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>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

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

Form **990** (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 44		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 41		
b Enter the number of voting members included in line 1a, above, who are independent 1b 39		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Does the organization have members or stockholders? 6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **►** _____

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►** ALBERT J. FRANCIS II 12424 RESEARCH PARKWAY, SUITE 140 ORLANDO, FL 32826
 (407) 882-1220

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) ANTHONY CONNELLY DIRECTOR	1.00	X						0.	0.	0.
(2) JAMES A JAHNA SR DIRECTOR	1.00	X						0.	0.	0.
(3) NELSON J MARCHIOLI DIRECTOR	1.00	X						0.	0.	0.
(4) MARGERY L PABST DIRECTOR	1.00	X						0.	0.	0.
(5) JOHN R SPROULS DIRECTOR	1.00	X						0.	0.	0.
(6) MARK CALABRESE DIRECTOR	1.00	X						0.	0.	0.
(7) MARCOS MARCHENA DIRECTOR/VICE CHAIR	1.00	X		X				0.	0.	0.
(8) LARRY TOBIN DIRECTOR/SECRETARY	1.00	X		X				0.	0.	0.
(9) RITA ADLER DIRECTOR	1.00	X						0.	0.	0.
(10) MELANIE FERNANDEZ DIRECTOR/TREASURER	1.00	X		X				0.	0.	0.
(11) JAMES FERRELL DIRECTOR/CO VICE CHAIR	1.00	X		X				0.	0.	0.
(12) GEORGE GLANCE DIRECTOR	1.00	X						0.	0.	0.
(13) SURESH GUPTA DIRECTOR	1.00	X						0.	0.	0.
(14) ANTHONY NICHOLSON DIRECTOR	1.00	X						0.	0.	0.
(15) HAROLD MILLS DIRECTOR	1.00	X						0.	0.	0.
(16) MANHAR R RAMA 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 (describe hours for related organizations in Schedule O)	(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			
(17) KEVIN BARKMAN DIRECTOR	1.00	X						0.	0.	0.
(18) BEAT KAHLI DIRECTOR	1.00	X						0.	0.	0.
(19) JIM ATCHISON DIRECTOR	1.00	X						0.	0.	0.
(20) LARRY CHASTANG DIRECTOR	1.00	X						0.	0.	0.
(21) CAROL CRAIG DIRECTOR	1.00	X						0.	0.	0.
(22) GERALD RUTBERG DIRECTOR	1.00	X						0.	0.	0.
(23) KENNETH BRADLEY DIRECTOR	1.00	X						0.	0.	0.
(24) JOANNE PUGLISI DIRECTOR	1.00	X						0.	0.	0.
(25) MICHAEL MANGLARDI DIRECTOR/CHAIR	1.00	X		X				0.	0.	0.
(26) MICHAEL J GRINDSTAFF DIRECTOR/IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(27) JEANETTE GOULD DIRECTOR	1.00	X						0.	0.	0.
(28) RITA LOWNDES DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A	ATTACHMENT 3							1,413,943.	0.	255,622.
d Total (add lines 1b and 1c)								1,413,943.	0.	255,622.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **10**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **17**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	3,638,325.			
	c	Fundraising events	1c	377,395.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	4,119,304.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	10,694,121.			
	g	Noncash contributions included in lines 1a-1f: \$		99,079.			
	h	Total. Add lines 1a-1f		18,829,145.			
Program Service Revenue				Business Code			
	2a	PROGRAM REVENUE		611710	2,030,644.	2,024,892.	5,752.
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,030,644.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,695,543.			2,695,543.
	4	Income from investment of tax-exempt bond proceeds . . .		0.			
	5	Royalties		237,563.		46,462.	191,101.
			(i) Real (ii) Personal				
	6a	Gross Rents.		9,799,387.			
	b	Less: rental expenses . . .		7,178,709.			
	c	Rental income or (loss) . .		2,620,678.			
	d	Net rental income or (loss)		2,620,678.		37,740.	2,582,938.
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory		31,871,270.			
	b	Less: cost or other basis and sales expenses		29,721,276.			
	c	Gain or (loss)		2,149,994.			
	d	Net gain or (loss)		2,149,994.			2,149,994.
	8a	Gross income from fundraising events (not including \$ 377,395. of contributions reported on line 1c). See Part IV, line 18	a	161,427.			
	b	Less: direct expenses	b	124,823.			
	c	Net income or (loss) from fundraising events		36,604.			36,604.
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue				Business Code			
11a	ADVERTISING REVENUE		541800	75,760.		75,760.	
b	MISCELLANEOUS REVENUE		900099	2,477.	2,469.	8.	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		78,237.				
12	Total revenue. See instructions		28,678,408.	2,027,361.	165,722.	7,656,180.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	11,690,878.	11,690,878.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	117,193.	117,193.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,370,804.	443,569.	442,377.	484,858.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	6,624,309.	2,164,206.	2,549,551.	1,910,552.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	547,468.	109,568.	271,554.	166,346.
9 Other employee benefits	743,976.	132,333.	391,771.	219,872.
10 Payroll taxes	404,903.	82,624.	200,324.	121,955.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	40,083.	1,216.	38,867.	
c Accounting	116,000.		116,000.	
d Lobbying	157,772.	157,772.		
e Professional fundraising services. See Part IV, line 17	106,230.			106,230.
f Investment management fees	193,604.	162,959.	30,645.	
g Other	663,851.	530,179.	123,128.	10,544.
12 Advertising and promotion	220,745.	121,220.	13,167.	86,358.
13 Office expenses	524,046.	295,867.	108,618.	119,561.
14 Information technology	399,725.	56,048.	332,079.	11,598.
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	362,727.	267,064.	15,701.	79,962.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	505,871.	395,292.	31,798.	78,781.
20 Interest	181,491.	181,491.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	196,325.	6,667.	178,099.	11,559.
23 Insurance	136,101.	51,112.	82,932.	2,057.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a BANQUETS & RECEPTIONS	412,532.	293,497.	2,567.	116,468.
b PRINTING & REPRODUCTIONS	199,841.	121,630.	9,886.	68,325.
c RENTAL - OTHER	165,933.	90,369.	48,781.	26,783.
d DUES, MEMBERSHIPS, AND SUBSCRIPTIONS	156,699.	84,497.	36,364.	35,838.
e EXTERNAL EVENT SPONSORSHIPS	148,734.	110,941.		37,793.
f All other expenses	444,927.	398,632.	16,144.	30,151.
25 Total functional expenses. Add lines 1 through 24f	26,832,768.	18,066,824.	5,040,353.	3,725,591.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	102,100.	1	102,100.
	2 Savings and temporary cash investments	22,633,887.	2	16,418,068.
	3 Pledges and grants receivable, net	6,647,016.	3	4,800,688.
	4 Accounts receivable, net	256,336.	4	251,205.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,102,629.	9	1,325,347.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 89,234,476.		
	b Less: accumulated depreciation	10b 14,655,467.		
		75,372,687.	10c	74,579,009.
	11 Investments - publicly traded securities	115,207,895.	11	141,265,340.
	12 Investments - other securities. See Part IV, line 11	4,476,734.	12	7,026,061.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	158,972.	15	180,069.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	225,958,256.	16	245,947,887.	
Liabilities	17 Accounts payable and accrued expenses	3,072,502.	17	2,106,651.
	18 Grants payable	215,349.	18	112,459.
	19 Deferred revenue	2,604,662.	19	2,564,969.
	20 Tax-exempt bond liabilities	25,218,089.	20	24,906,479.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	9,741,137.	23	9,249,612.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	903,435.	25	1,004,098.
	26 Total liabilities. Add lines 17 through 25	41,755,174.	26	39,944,268.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	32,209,602.	30	50,116,252.
	31 Paid-in or capital surplus, or land, building, or equipment fund	43,358,129.	31	43,204,001.
	32 Retained earnings, endowment, accumulated income, or other funds	108,635,351.	32	112,683,366.
	33 Total net assets or fund balances	184,203,082.	33	206,003,619.
	34 Total liabilities and net assets/fund balances	225,958,256.	34	245,947,887.

Form **990** (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,678,408.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,832,768.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,845,640.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	184,203,082.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	19,954,897.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	206,003,619.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

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

Form **990** (2010)

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC

Employer identification number

59-6211832

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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h 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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	66,756,629.	30,259,329.	14,964,623.	9,517,815.	18,829,145.	140,327,541.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	66,756,629.	30,259,329.	14,964,623.	9,517,815.	18,829,145.	140,327,541.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						29,337,910.
6 Public support. Subtract line 5 from line 4.						110,989,631.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	66,756,629.	30,259,329.	14,964,623.	9,517,815.	18,829,145.	140,327,541.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,406,760.	9,979,551.	8,430,141.	6,511,937.	5,469,582.	39,797,971.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	51,170.	211,458.	1,013,399.	210,210.	165,722.	1,651,959.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATTCH. 1	327,608.	478,611.	132,621.	3,757.	2,469.	945,066.
11 Total support. Add lines 7 through 10						182,722,537.
12 Gross receipts from related activities, etc. (see instructions)					12	3,532,081.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	60.74 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	65.23 %
16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19 a 33 1/3 % support tests - 2010. 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 - 2009. 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
OTHER INCOME	327,608.	478,611.	132,561.	3,757.	2,469.	945,006.
TOTALS	<u>327,608.</u>	<u>478,611.</u>	<u>132,561.</u>	<u>3,757.</u>	<u>2,469.</u>	<u>945,006.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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2010
Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC	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 on behalf of or in opposition to candidates for public office 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 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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2010

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.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		157,772.
j Total. Add lines 1c through 1i			157,772.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV **Supplemental Information** *(continued)*

GENERAL LOBBYING NARRATIVE

SCHEDULE C, PART II-B, LINE 1-I

THE FOUNDATION PROVIDES FUNDING FOR GOVERNMENTAL RELATIONS AND LOBBYING EFFORTS ON BEHALF OF THE UNIVERSITY. THE GOVERNMENT RELATIONS INCLUDE CULTIVATING, MAINTAINING, AND ENHANCING THE LINK BETWEEN UCF AND THE VARIOUS PUBLICS IT SERVES AND TO CREATE AND IMPLEMENT COMMUNITY-BASED PROGRAMS. THIS IS TO INCREASE KNOWLEDGE AND UNDERSTANDING OF THE UNIVERSITY WITHIN KEY EXTERNAL COMMUNITIES.

SCHEDULE 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, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC

Employer identification number

59-6211832

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an 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	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a 1 .
b Total acreage restricted by conservation easements	2b 0 . 25
c Number of conservation easements on a certified historic structure included in (a)	2c 0 .
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 0 .

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► 1 .

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

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

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

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

b Assets included in Form 990, Part X ► \$

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

Schedule D (Form 990) 2010

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 **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

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 XI V and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if 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	102,788,478.	92,261,535.	115,271,254.		
b Contributions	4,725,682.	2,017,999.	3,017,683.		
c Net investment earnings, gains, and losses	23,420,200.	11,461,317.	-19,660,744.		
d Grants or scholarships	173,029.	72,140.	953,120.		
e Other expenditures for facilities and programs	967,696.	614,850.	3,410,961.		
f Administrative expenses	2,659,071.	2,265,383.	2,002,577.		
g End of year balance	127,134,564.	102,788,478.	92,261,535.		

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ 1.0000 %
b Permanent endowment ▶ 99.0000 %
c Term endowment ▶ 0.0000 %

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 XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		47,640,384.		47,640,384.
b Buildings		32,590,132.	9,655,354.	22,934,778.
c Leasehold improvements		7,245,122.	4,020,593.	3,224,529.
d Equipment		634,322.	559,410.	74,912.
e Other		1,124,516.	420,110.	704,406.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				74,579,009.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. 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) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) ANNUITY PAYMENT LIABILITY	560,513.	
(3) COMPENSATED ABSENCES	420,220.	
(4) TENANT SECURITY & KEY DEPOSIT	23,365.	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		1,004,098.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,678,408.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,832,768.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,845,640.
4	Net unrealized gains (losses) on investments	4	19,954,897.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	19,954,897.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	21,800,537.

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

1	Total revenue, gains, and other support per audited financial statements	1	55,743,233.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	19,954,897.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	7,303,533.
e	Add lines 2a through 2d	2e	27,258,430.
3	Subtract line 2e from line 1	3	28,484,803.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	193,605.
c	Add lines 4a and 4b	4c	193,605.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	28,678,408.

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

1	Total expenses and losses per audited financial statements	1	33,942,696.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	7,303,533.
e	Add lines 2a through 2d	2e	7,303,533.
3	Subtract line 2e from line 1	3	26,639,163.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	193,605.
c	Add lines 4a and 4b	4c	193,605.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	26,832,768.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

CONSERVATION EASEMENT

SCHEDULE D, 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.

ENDOWMENT FUND

SCHEDULE D, PART V

THE FOUNDATION AUTHORIZES SPENDING FROM ITS ENDOWMENT TO SUPPORT THE UNIVERSITY'S STUDENT SCHOLARSHIPS, ACADEMIC CHAIRS, PROFESSORSHIPS AND ACADEMIC PROGRAMS.

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII, LINE 2D

AMOUNTS INCLUDED ON LINE 1, NOT ON 990 PART VIII LINE 12 TOTAL REVENUE. THE FOUNDATION HAS \$7,178,709 IN RENT EXPENSES WHICH ARE NETTED AGAINST RENT REVENUE ON THE 990 BUT ARE INCLUDED IN EXPENSES IN THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS. IN ADDITION, THE FOUNDATION HAS \$124,824 IN FUNDRAISING EVENT EXPENSES NETTED AGAINST FUNDRAISING EVENT REVENUE.

Part XIV Supplemental Information *(continued)*

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII, LINE 4B

AMOUNTS ON 990, PART VII LINE 12 TOTAL REVENUE NOT ON LINE 1 OF PART XII.

THE FOUNDATION HAS \$193,605 IN INVESTMENT FEES. HOWEVER, THESE
INVESTMENT FEES ARE NETTED AGAINST INVESTMENT REVENUE ON THE FOUNDATION'S
AUDITED FINANCIAL STATEMENTS.

RECONCILIATION OF EXPENSE

SCHEDULE D, PART XIII, LINE 2D

AMOUNTS INCLUDED ON LINE 1, NOT ON 990 PART VIII LINE 12 TOTAL REVENUE.

THE FOUNDATION HAS \$7,178,709 IN RENT EXPENSES WHICH ARE NETTED AGAINST
RENT REVENUE ON THE 990 BUT ARE INCLUDED IN EXPENSES IN THE FOUNDATION'S
AUDITED FINANCIAL STATEMENTS. IN ADDITION THE FOUNDATION HAS \$124,824 IN
FUNDRAISING EVENT EXPENSES NETTED AGAINST FUNDRAISING EVENT REVENUE.

RECONCILIATION OF EXPENSE

SCHEDULE D, PART XIII, LINE 4B

AMOUNTS ON 990, PART VII LINE 12 TOTAL REVENUE NOT ON LINE 1 OF PART XII.

THE FOUNDATION HAS \$193,605 IN INVESTMENT FEES. HOWEVER, THESE
INVESTMENT FEES ARE NETTED AGAINST INVESTMENT REVENUE ON THE FOUNDATION'S
AUDITED FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.**

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

Name of the organization

UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC

Employer identification number

59-6211832

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds 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
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	UCF PROGRAM SERVICE	21,500.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0.	0.			21,500.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0.	0.			21,500.

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

Schedule F (Form 990) 2010

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 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" to 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2010

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Schedule F (Form 990) 2010

Part V **Supplemental Information**

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC

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.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public
Inspection

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b If "Yes," list the 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			
1 DIRECTLINES TECHNOLOGIES	PHONE SOLICITATN		X	0.	20,000.	0.
2 BENTZ WHALEY FLESSNER & ASSOCIATES	CONSULTANTS		X	0.	86,230.	0.
3						
4						
5						
6						
7						
8						
9						
10						
Total				0.	106,230.	0.

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, FL, GA, HI, IL,
KS, MD, MI, MN, MS, MO, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, TN, VA, WV, WI,

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
		GOLF TOURNAMENT (event type)	FNDRSNG EVT (event type)	17. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	100,130.	334,372.	104,320.	538,822.
	2 Less: Charitable contributions	37,005.	294,681.	45,709.	377,395.
	3 Gross income (line 1 minus line 2)	63,125.	39,691.	58,611.	161,427.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			3,618.	3,618.
	6 Rent/facility costs	33,100.		7,756.	40,856.
	7 Food and beverages		1,343.	21,452.	22,795.
	8 Entertainment			500.	500.
	9 Other direct expenses	1,491.	25,918.	29,645.	57,054.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(124,823.)
	11 Net income summary. Combine line 3, column (d), and line 10				36,604.

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B - GROSS RECEIPTS REPORTING

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

DIRECTLINES TECHNOLOGIES AND BENZ WHALEY. DIRECTLINES GROSS RECEIPTS

GENERATED WILL BE ESTIMATED AT 40K FOR 2011-2012. FOR BENZ WHALEY THERE

WILL BE NO GROSS RECEIPTS GENERATED FROM THIS VENDOR SINCE THE VENDOR IS

PROVIDING RESEARCH SUPPORT AND CONSULTING SERVICES TO THE FOUNDATION'S

DEVELOPMENT OFFICE REGARDING SOLICITATION STRATEGIES.

Schedule G (Form 990 or 990-EZ) 2010

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC

Employer identification number

59-6211832

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF CENTRAL FLORIDA 4000 CENTRAL FLORIDA BLVD ORLANDO, FL 32816	59-2924021	501(C)(3)	5,214,365.				FUNDING FOR PROGRAMS & SCHOLARSHIPS
(2)	UCF GOLDEN KNIGHTS CORPORATION, INC. P.O. BOX 163555 ORLANDO, FL 32826	59-2334448	501(C)(3)	2,164,348.				ATHLETIC STADIUM SUPPORT
(3)	UCF CONVOCATION CORPORATION, INC. 4000 CENTRAL FLORIDA BLVD ORLANDO, FL 32816	16-1733312	501(C)(3)	479,939.				CONVOCATION CENTER SUPPORT
(4)	UCF ATHLETIC ASSOCIATION, INC. P.O. BOX 163555 ORLANDO, FL 32826	59-2334448	501(C)(3)	2,085,396.				ATHLETIC SCHOLARSHIP & PROGRAM SUPPORT
(5)	UNIVERSITY CENTRAL FLORIDA RESEARCH FNDTN 12201 RESEARCH PARKWAY ORLANDO, FL 32826	59-3086453	501(C)(3)	134,311.				RESEARCH ACTIVITY SUPPORT
(6)	FLORIDA HOSPITAL 601 EAST ROLLINS STREET ORLANDO, FL 32803	59-0724459	501(C)(3)	28,341.				MEDICAL RESEARCH SUPPORT
(7)	UCF FINANCE CORPORATION 4000 CENTRAL FLORIDA BLVD ORLANDO, FL 32816	20-8919971	501(C)(3)	1,584,078.				CONSTRUCTION SUPPORT
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations 7.

3 Enter total number of other organizations 0.

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

Schedule I (Form 990) (2010)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 BOOKS FOR STUDENTS	1,181.		9,158.	PURCHS PRICE	BOOKS FOR STUDENTS
2 EDUCATIONAL EQUIPMENT AND SUPPLIES FOR STUDENTS	629.		59,207.	PURCHS PRICE	EDC/EQUIP SUPPLIES
3 TRAVEL & REGISTRATION PAYMENTS FOR VARIOUS STDNTS	121.		40,934.	PURCHS PRICE	TRAVEL/REGISTRATION
4 TICKETS, CLOTHES, MEALS AND MISC FOR STUDENTS	397.		7,894.	PURCHS PRICE	TICKETS/CLOTHES/MEAL
5					
6					
7					

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

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

FORM 990, SCHEDULE I

THE FOUNDATION MAINTAINS THE APPROVED EXPENDITURE REQUEST WHICH

SUBSTANTIATE THE GRANT AMOUNTS PROVIDED TO THE RECIPIENTS. THE

FOUNDATION MAINTAINS DONOR INFORMATION, RELATED CONTRIBUTION

DOCUMENTATION, AND ANY DONOR RESTRICTIONS OUTLINED BY THE DONOR INCLUDING

SCHOLARSHIP CRITERIA. THE GRANTS ARE MADE TO THE UNIVERSITY OR

UNIVERSITY AFFILIATED ENTITIES AND THE FOUNDATION RELIES ON THE POLICIES,

PROCEDURES, AND CONTROLS ESTABLISHED BY THESE ENTITIES FOR EXPENDITURE

TRACKING AND PROPER ADMINISTRATION OF THE GRANTS FOR SCHOLARSHIP AWARDS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <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 from the organization or a related organization?
- 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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- 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

1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2010

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT J HOLMES JR	(i)	222,009.	29,840.	14,128.	23,604.	14,338.	303,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 GEORGE A YEARWOOD	(i)	133,651.	1,500.	1,712.	18,948.	16,836.	172,647.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JOYCE HENCKLER	(i)	142,330.	1,500.	11,481.	15,114.	12,174.	182,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 THOMAS MESSINA	(i)	133,210.	1,500.	8,128.	14,127.	12,155.	169,120.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JAMES STEWART	(i)	127,657.	1,500.	2,324.	13,831.	12,150.	157,462.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 KIM MINANA	(i)	125,057.	0.	10,411.	13,451.	13,380.	162,299.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2010

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION AND UNIVERSITY RELATED PAYROLL INFORMATION

SCHEDULE J, PART I

1) SUPPLEMENTAL COMPENSATION INFORMATION - FIRST CLASS TRAVEL PROVIDED TO THE PRESIDENT OF THE UNIVERSITY FOR HEALTH REASONS AND TO ACCOMMODATE 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) FOR VARIOUS UNIVERSITY EMPLOYEES, THE FOUNDATION MADE SUPPLEMENT PAYMENTS TO WHICH INCLUDED GROSSED-UP AMOUNTS FOR TAX PURPOSES. THE TOTAL GROSSED-UP AMOUNTS WERE INCLUDED IN THE EMPLOYEES' REPORTABLE TAXABLE COMPENSATION.

3) FOR 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.

4) ALL THE EMPLOYEES LISTED IN SCHEDULE J ARE EMPLOYEES OF THE UNIVERSITY

Part III Supplemental Information

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

OF CENTRAL FLORIDA WHICH HAS BEEN DETERMINED TO BE AN UNRELATED
ORGANIZATION.

5) DURING THE FISCAL YEAR, THE FOUNDATION PAID \$414,923 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.

SCHEDULE J, PART I, LINE 7

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

PAYMENTS FROM UNRELATED ORGANIZATION

SCHEDULE J, PART II

ALL THE EMPLOYEES LISTED IN SCHEDULE J ARE EMPLOYEES OF THE UNIVERSITY OF
CENTRAL FLORIDA WHICH HAS BEEN DETERMINED TO BE AN UNRELATED ORGANIZATION
FOR PURPOSES OF 990 REPORTING.

**SCHEDULE K
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC

Supplemental Information on Tax-Exempt Bonds▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**▶ **Attach to Form 990.**▶ **See separate instructions.**

OMB No. 1545-0047

2010**Open to Public
Inspection****Employer identification number**

59-6211832

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
A UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	59-6211832		12/30/2008	10,400,000.	2008 REFN 2004 MORTGAGE NOTE		X		X		X
B UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.	59-6211832		12/17/2009	12,540,000.	2009 REFN ORANGE CTY IND DVPMT ATH		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	605,000.		200,000.					
2 Amount of bonds legally defeased	0.		0.					
3 Total proceeds of issue	10,400,000.		12,540,000.					
4 Gross proceeds in reserve funds	0.		0.					
5 Capitalized interest from proceeds	0.		0.					
6 Proceeds in refunding escrows	0.		0.					
7 Issuance costs from proceeds	0.		106,326.					
8 Credit enhancement from proceeds	0.		0.					
9 Working capital expenditures from proceeds	0.		0.					
10 Capital expenditures from proceeds	0.		0.					
11 Other spent proceeds	0.		0.					
12 Other unspent proceeds	0.		0.					
13 Year of substantial completion	2008		2009					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

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

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b Are there any research agreements that may result in private business use of bond-financed property?	X		X					
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.0000 %		0.0000 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	2.6000 %		4.9600 %					
6 Total of lines 4 and 5	2.6000 %		4.9600 %					
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2 Is the bond issue a variable rate issue?		X		X				
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				
4a Were gross proceeds invested in a 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?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X				
6 Did the bond issue qualify for an exception to rebate?		X		X				

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

TAX EXEMPT ISSUE 10,400,000
 SCHEDULE K, PART I, COLUMN F
 REFUND OF PRIOR ISSUE. 2004A AND 2004B SERIES NOTES. ISSUE PRICE WAS \$10,400,000.00 FOR THE UNIVERSITY TOWER AND THE BIO-MOLECULAR RESEARCH ANNEX BUILDING. THE TWO OFFICE BUILDINGS WERE ACQUIRED FOR USE BY THE

JSA

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b Are there any research agreements that may result in private business use of bond-financed property?								
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

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

UNIVERSITY OF CENTRAL FLORIDA.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b Are there any research agreements that may result in private business use of bond-financed property?								
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

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

TAX EXEMPT ISSUE 12,540,000
 SCHEDULE K, PART I, COLUMN F
 REFUND OF PRIOR ISSUE. THE FOUNDATION HAD BONDS FOR THE FOLLOWING
 BUILDINGS: 1996 A RESEARCH PAVILION, PARTIAL BOND FUNDING ON 2000 A
 ORLANDO TECH CENTER. THE BUILDINGS WERE PURCHASED FOR USE BY THE

JSA

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b Are there any research agreements that may result in private business use of bond-financed property?								
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

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

UNIVERSITY OF CENTRAL FLORIDA.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **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. ▶ See separate instructions.**

OMB No. 1545-0047

2010

**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) and section 501(c)(4) 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) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

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 and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

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
(1) DR. JOHN HITT	EX-OFFICIO DIR OF UCF	435,051.	SUNTRST ORLANDO SEE SCH L, PT V		X
(2) LARRY TOBIN	DIRECTOR OF UCF	202,707.	LOAN PAYMENT SEE SCH L, PT V		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

TRANSACTIONS WITH INTERESTED PERSON - DR JOHN HITT - SCHEDULE L, 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.

TRANSACTIONS WITH INTERESTED PERSON - LARRY TOBIN - SCHEDULE L, PART IV

MR. TOBIN IS PRESIDENT AND CEO OF FAIRWINDS CREDIT UNION. THE FOUNDATION OBTAINED A LINE OF CREDIT FROM FAIRWINDS CREDIT UNION IN 2004. A COMPETITIVE REQUEST FOR PROPOSALS WAS ISSUED TO BANK AND CREDIT INSTITUTIONS FOR THE CONSTRUCTION OF THE ALUMNI CENTER, WITH FAIRWINDS PROVIDING THE MOST FAVORABLE TERMS. SUBSEQUENT TO THIS TRANSACTION, DURING 2009, MR. TOBIN BECAME A MEMBER OF THE FOUNDATION'S BOARD OF DIRECTORS. THE TRANSACTION AMOUNT RELATES TO PAYMENTS OF PRINCIPAL AND INTEREST RELATED TO THE BANK LOAN ORIGINALLY OBTAINED FOR THE CONSTRUCTION.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

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	21 .	0 .	
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10 .	99,079 .	COST / SELLING PRICE
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	X	32 .	0 .	
24 Archeological artifacts				
25 Other ► (EQUIPMENT)	X	15 .	0 .	
26 Other ► (SUPPLIES)	X	24 .	0 .	
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1 .

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a 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.		

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

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

IN-KIND CONTRIBUTION REPORTINGS

SCHEDULE M, PART I, LINES 1, 23, 25 & 26

THE FOUNDATION RECEIVED SEVERAL DONOR GIFT IN KIND CONTRIBUTIONS DURING THE YEAR INCLUDING SEVERAL PIECES OF SCULPTURE AND ART WORK. 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.

USE OF THIRD PARTY TO SELL NONCASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32

THE FOUNDATION INSTRUCTS SUNTRUST, AS CUSTODIAN OF ITS INVESTMENTS, TO SELL ANY STOCK GIFTS RECEIVED BY THE FOUNDATION. STOCKS ARE VALUED WHEN RECEIVED FROM THE DONOR AS THE AVERAGE OF THE HIGH AND LOW MARKET PRICE ON THE DAY OF RECEIPT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC

Employer identification number

59-6211832

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

OTHER PROGRAM SUPPORT FOR THE UNIVERSITY INCLUDE: THE ALUMNI PROGRAM ENHANCES THE LIVES OF UCF ALUMNI, PARENTS, STUDENTS AND FRIENDS AND CONNECTS THEM BY FOSTERING MUTUALLY BENEFICIAL RELATIONSHIPS. THE ALUMNI PROGRAM PROVIDES MEANINGFUL SERVICES AND ENGAGING PROGRAMS THAT INFORM, EDUCATE AND INSPIRE. GENERAL UNIVERSITY SUPPORT PROVIDES SUPPORT OF THE UNIVERSITY OF CENTRAL FLORIDA DEPARTMENTS AND AREAS. RESEARCH EXPENSES PROVIDE SUPPORT OF THE UNIVERSITY OF CENTRAL FLORIDA RESEARCH PROGRAMS. RESEARCH IS CONDUCTED ON AN INDIVIDUAL COLLABORATIVE BASIS BY FACULTY WHOSE FOCUS IS ON THEIR PARTICULAR AREAS OF ACADEMIC DISCIPLINE. UCF HAS NUMEROUS NATIONALLY AND INTERNATIONALLY RECOGNIZED RESEARCH INSTITUTES DEVOTED TO INNOVATIVE RESEARCH AND DEVELOPMENT.

DESCRIPTION OF RELATIONSHIPS

FORM 990, PART VI, LINE 2

THE FOLLOWING BOARD OF DIRECTORS HAVE BUSINESS RELATIONSHIPS:
RANDY BERRIDGE HAS A BUSINESS RELATIONSHIP WITH DR. JOHN HITT.

DESCRIPTION OF SIGNIFICANT CHANGES TO ORGANIZING OR ENABLING DOCUMENT

FORM 990, PART VI, LINE 4

THE FOUNDATION UPDATED ITS BYLAWS DURING THE FISCAL YEAR WHICH WERE APPROVED BY THE BOARD OF DIRECTORS ON MARCH 2, 2011. MAJOR MODIFICATIONS WERE MADE AS FOLLOWS:

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

1. CHAIR OF THE UCF BOARD OF TRUSTEES IS A VOTING MEMBER.
2. THE PRESIDENT OF THE UNIVERSITY IS A VOTING MEMBER.
3. ONE HALF OF ALL ELECTED DIRECTORS MUST BE IN ATTENDANCE AT ANY MEETING TO CONSTITUTE A QUORUM; AND ONCE A QUORUM HAS BEEN ESTABLISHED, THE ACT OF A MAJORITY OF THE ELECTED DIRECTORS AND VOTING EX-OFFICIO DIRECTORS PRESENT AT A MEETING AT WHICH A QUORUM IS PRESENT WILL BE THE ACT OF THE BOARD.
4. THE CHIEF OPERATING OFFICER (COO) OF THE FOUNDATION, AN EX-OFFICIO OFFICER, WILL BE THE ASSOCIATE PRESIDENT ADVANCEMENT/ALUMNI AFFAIRS.

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, LINE 11B

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

Name of the organization UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC	Employer identification number 59-6211832
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IS SPECIFICALLY DELEGATED TO THE AUDIT COMMITTEE AND NO FURTHER REVIEW SHALL BE REQUIRED BEFORE SUCH FORMS ARE FILED WITH THE IRS.

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

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST
FORM 990, PART VI, LINE 12C

ALL DIRECTORS, OFFICERS, COMMITTEE MEMBERS AND KEY EMPLOYEES SHALL BE REQUESTED 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

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

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

- (A) IMMEDIATELY DISCLOSE THE EXISTENCE AND CIRCUMSTANCES OF SUCH CONFLICT OF INTEREST TRANSACTION TO THE CHAIR OF THE DUE DILIGENCE COMMITTEE AND TO THE FOUNDATION'S CFO;
- (B) REFRAIN FROM USING HIS OR HER PERSONAL INFLUENCE TO ENCOURAGE THE FOUNDATION TO ENTER INTO THE CONFLICT OF INTEREST TRANSACTION;
- (C) AND PHYSICALLY RECUSE THEMSELVES FROM PARTICIPATION IN ANY DISCUSSIONS REGARDING THE CONFLICT OF INTEREST TRANSACTION WITH OFFICIALS OF THE FOUNDATION, AT MEETINGS OF THE BOARD OF DIRECTORS, AND WITH OTHER MEMBERS OF THE FOUNDATION COMMUNITY, EXCEPT TO RESPOND TO REQUEST 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 AND THE VOTE ON THE TRANSACTION OR ARRANGEMENT THAT RESULT IN THE CONFLICT OF INTEREST.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED & YEAR PROCESS WAS BEGUN

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

FORM 990, PART VI, LINE 15A & 15B

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 JOB DUTIES OF THE POSITION. THE SURVEY DATA PROVIDES SALARY AND DEMOGRAPHIC DATA FOR SELECTED POSITIONS NATION-WIDE 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.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC

FORM 990, PART VI, LINE 19

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, 990 TAX DOCUMENTS, AND FINANCIAL STATEMENTS ARE PUBLISHED ON THE FOUNDATION'S WEBSITE OR MAY BE ACCESSED THROUGH THE POLICY IQ SOFTWARE, WHICH CAN ALSO BE ACCESSED FROM THE FOUNDATION'S WEBSITE. THE ABOVE ITEMS ARE ALSO AVAILABLE UPON REQUEST.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 5

NET UNREALIZED GAINS ON INVESTMENTS \$19,954,897

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

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE UCF FOUNDATION, INC. IS A 501(C)(3) CHARITABLE NON-PROFIT ORGANIZATION AND A DIRECT SUPPORT ORGANIZATION TO THE UNIVERSITY OF CENTRAL FLORIDA. THE FOUNDATION ENHANCES RELATIONSHIPS WITH ALUMNI, FRIENDS, FACULTY, STAFF, AND COMMUNITY PARTNERS. THE FOUNDATION SECURES AND MANAGES CHARITABLE RESOURCES FOR THE UNIVERSITY AND ALWAYS ACTS WITH INTEGRITY AND HONESTY.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4C

ACADEMIC EXPENSES PAID IN SUPPORT OF THE UNIVERSITY OF CENTRAL FLORIDA PROGRAMS INCLUDE FUNDING FOR PROGRAM EXPENSES, CAPITAL FUNDING, AND SALARIES FOR UNIVERSITY EMPLOYEES. ACADEMIC SUPPORT HELPS THE UNIVERSITY'S OUTSTANDING FACULTY INSPIRE STUDENTS, FOSTERS AND ENHANCES STRONG ACADEMIC PROGRAMS, AND SERVES AS A KEY ELEMENT TO INSTITUTIONAL GREATNESS. ENDOWED CHAIRS 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. IN ADDITION, SUPPORT FOR RESEARCH PROJECTS AND INNOVATIVE PROGRAMS ARE AT THE HEART OF THE UCF LEARNING EXPERIENCE. CURRICULUM DEVELOPMENT, INTERNSHIPS, INTERDISCIPLINARY WORK, EXPERIENTIAL LEARNING, AND ACADEMIC ENRICHMENT ALL REQUIRE PRIVATE SUPPORT.

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

ATTACHMENT 3

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL.	(F) OTHER
29 JORGE LOPEZ DIRECTOR	1.00	X						0.	0.	0.
30 SCOTT BUESCHER DIRECTOR	1.00	X						0.	0.	0.
31 NAN MCCORMICK DIRECTOR	1.00	X						0.	0.	0.
32 RICHARD WALSH EX-OFFICIO DIRECTOR	1.00	X						0.	0.	0.
33 DR JOHN C HITT EX-OFFICIO DRCTR/PRES OF UCF	1.00	X						0.	0.	0.
34 BLAINE SWEATT DIRECTOR (7/1/10 - 4/25/11)	1.00	X						0.	0.	0.
35 CARI COATS DIRECTOR (7/1/10 - 6/30/11)	1.00	X						0.	0.	0.
36 DALE BENNETT DIRECTOR (7/1/10 - 6/30/11)	1.00	X						0.	0.	0.
37 JANET PINO DIRECTOR (7/1/10 - 6/30/11)	1.00	X						0.	0.	0.
38 TIM SENEFF DIRECTOR (7/1/10 - 5/23/11)	1.00	X						0.	0.	0.
39 JACOB V STUART DIRECTOR (7/1/10 - 12/12/10)	1.00	X						0.	0.	0.
40 BUDDY DYER EX-OFFICIO DIRECTOR	1.00	X						0.	0.	0.
41 RANDY E BERRIDGE EX-OFFICIO DIRECTOR	1.00	X						0.	0.	0.
42 ROBERT J HOLMES JR CHIEF EXECUTIVE OFFICER	40.00			X				265,977.	0.	37,942.
43 GEORGE A YEARWOOD CHIEF FINANCIAL OFFICER	40.00			X				136,863.	0.	35,784.
44 BEN MCMAHAN COO	40.00			X				82,027.	0.	17,435.
45 JOYCE HENCKLER CHIEF DEVELOPMENT OFFICER	40.00				X			155,311.	0.	27,288.
46 THOMAS MESSINA ASSOCIATE VP ALUMNI RELATIONS	40.00					X		142,838.	0.	26,282.
47 MARGARET JARRELL-COLE ASSOCIATE VP AND LEGAL COUNSEL	40.00					X		132,017.	0.	15,754.
48 JAMES STEWART ASSISTANT VP CHIEF INFO OFFCR	40.00					X		131,481.	0.	25,981.
49 NANCY KEON SENIOR DIRECTOR OF DEVELOPMENT	40.00					X		120,045.	0.	18,845.

Name of the organization	Employer identification number
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ATTACHMENT 3 (CONT'D)

50	JEANNINE STARR DIRECTOR OF DEVELOPMENT	40.00	X	111,916.	0.	23,480.
51	KIM MINANA FORMER ASSOCIATE VP DVLPMNT	0.00	X	135,468.	0.	26,831.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CUSHMAN & WAKEFIELD 12424 RESEARCH PARKWAY ORLANDO, FL 32826	MANAGEMENT SERVICES	569,298.
D & A BUILDING SERVICES 321 GEORGIA AVENUE LONGWOOD, FL 32750	MAINTENANCE	419,498.
MACDADE CONSTRUCTION 1111 ABADY COURT DELTONA, FL 32725	CONSTRUCTION	370,532.
KNIGHTS IMAGES 130 SOUTH ORANGE AVENUE ORLANDO, FL 32801	PRINTING & PRDCTN	344,729.
BAKER COMMERICAL LANDSCAPING 2699 FORSYTH ROAD SUITE 111 ORLANDO, FL 32807	LANDSCAPING	176,708.
TOTAL COMPENSATION		<u>1,880,765.</u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2010

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 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
(1) UNIV CENTRAL FLORIDA REAL ESTATE FND LLC 59-6211832 12424 RESEARCH PKWY, STE 140 ORLANDO, FL 32826	REAL ESTATE	FL	0.	28,701,403.	N/A
(2) KNIGHTS KROSSING STUDENT HOUSING LLC 59-6211832 12424 RESEARCH PKWY, STE 140 ORLANDO, FL 32826	REAL ESTATE	FL	0.	9,733,000.	N/A
(3) _____					
(4) _____					
(5) _____					
(6) _____					

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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

(a) Name of other organization	(b) Transaction type (a–r)	(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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____										
(2) _____										
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										
(15) _____										
(16) _____										

Schedule R (Form 990) 2010

Part VII **Supplemental Information**

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