

PUBLIC DISCLOSURE COPY

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>12424 RESEARCH PARKWAY, SUITE 140</b> City or town, state or province, country, and ZIP or foreign postal code <b>ORLANDO, FL 32826</b> <b>F</b> Name and address of principal officer: <b>KAREN S. COCHRAN SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>59-6211832</b> <b>E</b> Telephone number <b>407-882-1220</b> <b>G</b> Gross receipts \$ <b>183,941,115.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <b>Yes X No</b> <b>H(b)</b> Are all subordinates included? <b>Yes No</b> If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <b>X</b> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 <b>J</b> Website: ▶ <b>WWW.UCFFFOUNDATION.ORG</b> <b>K</b> Form of organization: <b>X</b> Corporation Trust Association Other ▶ <b>L</b> Year of formation: <b>1968</b> <b>M</b> State of legal domicile: <b>FL</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ENCOURAGE, STEWARD &amp; CELEBRATE CONTRIBUTIONS FROM ALUMNI &amp; FRIENDS TO SUPPORT UCF.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>29</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>26</b> <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... <b>5</b> <b>0</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>3137</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>33,599.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>23,549.</b>																																	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>32,949,173.</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>1,553,900.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>6,912,049.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>4,569,744.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>45,984,866.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="center" colspan="2">Prior Year</th> <th align="center" colspan="2">Current Year</th> </tr> </thead> <tbody> <tr> <td align="center"><b>8</b></td> <td align="right"><b>32,949,173.</b></td> <td align="center"><b>9</b></td> <td align="right"><b>74,281,753.</b></td> </tr> <tr> <td align="center"><b>9</b></td> <td align="right"><b>1,553,900.</b></td> <td align="center"><b>10</b></td> <td align="right"><b>912,787.</b></td> </tr> <tr> <td align="center"><b>10</b></td> <td align="right"><b>6,912,049.</b></td> <td align="center"><b>11</b></td> <td align="right"><b>15,949,662.</b></td> </tr> <tr> <td align="center"><b>11</b></td> <td align="right"><b>4,569,744.</b></td> <td align="center"><b>12</b></td> <td align="right"><b>4,351,417.</b></td> </tr> <tr> <td align="center"><b>12</b></td> <td align="right"><b>45,984,866.</b></td> <td align="center"><b>13</b></td> <td align="right"><b>95,495,619.</b></td> </tr> </tbody> </table>	Prior Year		Current Year		<b>8</b>	<b>32,949,173.</b>	<b>9</b>	<b>74,281,753.</b>	<b>9</b>	<b>1,553,900.</b>	<b>10</b>	<b>912,787.</b>	<b>10</b>	<b>6,912,049.</b>	<b>11</b>	<b>15,949,662.</b>	<b>11</b>	<b>4,569,744.</b>	<b>12</b>	<b>4,351,417.</b>	<b>12</b>	<b>45,984,866.</b>	<b>13</b>	<b>95,495,619.</b>								
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<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>20,454,732.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>14,230,882.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>221,331.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>7,462,646.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>9,102,826.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>44,009,771.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>1,975,095.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="center" colspan="2">Prior Year</th> <th align="center" colspan="2">Current Year</th> </tr> </thead> <tbody> <tr> <td align="center"><b>13</b></td> <td align="right"><b>20,454,732.</b></td> <td align="center"><b>14</b></td> <td align="right"><b>20,836,884.</b></td> </tr> <tr> <td align="center"><b>14</b></td> <td align="right"><b>0.</b></td> <td align="center"><b>15</b></td> <td align="right"><b>0.</b></td> </tr> <tr> <td align="center"><b>15</b></td> <td align="right"><b>14,230,882.</b></td> <td align="center"><b>16a</b></td> <td align="right"><b>13,539,391.</b></td> </tr> <tr> <td align="center"><b>16a</b></td> <td align="right"><b>221,331.</b></td> <td align="center"><b>17</b></td> <td align="right"><b>319,439.</b></td> </tr> <tr> <td align="center"><b>17</b></td> <td align="right"><b>9,102,826.</b></td> <td align="center"><b>18</b></td> <td align="right"><b>8,402,974.</b></td> </tr> <tr> <td align="center"><b>18</b></td> <td align="right"><b>44,009,771.</b></td> <td align="center"><b>19</b></td> <td align="right"><b>43,098,688.</b></td> </tr> <tr> <td align="center"><b>19</b></td> <td align="right"><b>1,975,095.</b></td> <td align="center"><b>20</b></td> <td align="right"><b>52,396,931.</b></td> </tr> </tbody> </table>	Prior Year		Current Year		<b>13</b>	<b>20,454,732.</b>	<b>14</b>	<b>20,836,884.</b>	<b>14</b>	<b>0.</b>	<b>15</b>	<b>0.</b>	<b>15</b>	<b>14,230,882.</b>	<b>16a</b>	<b>13,539,391.</b>	<b>16a</b>	<b>221,331.</b>	<b>17</b>	<b>319,439.</b>	<b>17</b>	<b>9,102,826.</b>	<b>18</b>	<b>8,402,974.</b>	<b>18</b>	<b>44,009,771.</b>	<b>19</b>	<b>43,098,688.</b>	<b>19</b>	<b>1,975,095.</b>	<b>20</b>	<b>52,396,931.</b>
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<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>396,904,531.</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>74,695,562.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>322,208,969.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="center" colspan="2">Beginning of Current Year</th> <th align="center" colspan="2">End of Year</th> </tr> </thead> <tbody> <tr> <td align="center"><b>20</b></td> <td align="right"><b>396,904,531.</b></td> <td align="center"><b>21</b></td> <td align="right"><b>484,634,099.</b></td> </tr> <tr> <td align="center"><b>21</b></td> <td align="right"><b>74,695,562.</b></td> <td align="center"><b>22</b></td> <td align="right"><b>72,909,930.</b></td> </tr> <tr> <td align="center"><b>22</b></td> <td align="right"><b>322,208,969.</b></td> <td align="center"></td> <td align="right"><b>411,724,169.</b></td> </tr> </tbody> </table>	Beginning of Current Year		End of Year		<b>20</b>	<b>396,904,531.</b>	<b>21</b>	<b>484,634,099.</b>	<b>21</b>	<b>74,695,562.</b>	<b>22</b>	<b>72,909,930.</b>	<b>22</b>	<b>322,208,969.</b>		<b>411,724,169.</b>																
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>KAREN S. COCHRAN, INTERIM CEO</b> Type or print name and title	Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMY CHAPMAN</b> Preparer's signature <b>AMY CHAPMAN</b> Date <b>04/27/22</b> Check if self-employed <input type="checkbox"/> PTIN <b>P00843460</b> Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b> Firm's address ▶ <b>420 SOUTH ORANGE AVENUE, SUITE 500 ORLANDO, FL 32801</b> Firm's EIN ▶ <b>41-0746749</b> Phone no. <b>4078021200</b>	

May the IRS discuss this return with the preparer shown above? See instructions **X** Yes **No**

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

Form 990 (2020)

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**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**THE UCF FOUNDATION ENCOURAGES, STEWARDS AND CELEBRATES CHARITABLE CONTRIBUTIONS FROM ALUMNI AND FRIENDS TO SUPPORT UNIVERSITY OF CENTRAL FLORIDA (UCF).**

**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 X 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 X No**

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

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

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

**4a** (Code: ) (Expenses \$ 6,076,592. including grants of \$ 6,076,146.) (Revenue \$ 2,224.)

**ATHLETICS - ATHLETICS EXPENSES PAID IN SUPPORT OF THE UCF ATHLETICS PROGRAM PROVIDE STUDENT-ATHLETES WITH A CHAMPIONSHIP-LEVEL EXPERIENCE. THE CHARGEON FUND RAISES FUNDS TO ENSURE UCF'S STUDENT-ATHLETES CONTINUE TO EXCEL IN COMPETITION, IN THE CLASSROOM, AND IN THE COMMUNITY. IN THE CLASSROOM, THE AVERAGE GPA FOR STUDENT-ATHLETES HAS EXCEEDED A 3.0 BENCHMARK DURING EACH TERM FOR THE 27 CONSECUTIVE SEMESTERS, WHICH IS THE LONGEST STREAK IN SCHOOL HISTORY. IN ANTICIPATION OF UCF'S MOVE TO THE BIG 12 CONFERENCE, UCF ATHLETICS SEEKS TO INCREASE ITS DONOR BASE. LAST FISCAL YEAR, UCF ATHLETICS SET A RECORD OF 8,156 DONORS, BUT THIS FISCAL YEAR IS TO SURPASS 10,000.**

**4b** (Code: ) (Expenses \$ 9,969,274. including grants of \$ 6,522,777.) (Revenue \$ 207,168.)

**ACADEMIC - ACADEMIC EXPENSES PAID IN SUPPORT OF THE UCF PROGRAMS INCLUDE FUNDING FOR ACADEMIC PROGRAMS, SALARIES FOR UNIVERSITY EMPLOYEES AND FELLOWSHIPS TO REWARD SOME OF UCF'S MOST ACCOMPLISHED AND PROMISING STUDENTS. OUTSTANDING FACULTY INSPIRE STUDENTS, FOSTER AND ENHANCE STRONG ACADEMIC PROGRAMS AND SERVE AS A KEY ELEMENT TO INSTITUTIONAL EXCELLENCE. ENDOWED CHAIRS, EMINENT SCHOLAR POSITIONS AND DISTINGUISHED PROFESSORSHIPS ARE PRESTIGIOUS ACADEMIC POSITIONS HELD BY THE UNIVERSITY'S MOST ESTEEMED FACULTY AND SPENDING TO SUPPORT THESE POSITIONS HELPS THE UNIVERSITY MAINTAIN A HIGH ACADEMIC STANDARD. SPENDING TO SUPPORT RESEARCH PROJECTS AND INNOVATIVE PROGRAMS FURTHER ENRICHES THE UCF LEARNING EXPERIENCE. DESPITE THE CHALLENGES OF A FISCAL YEAR LIKE NO OTHER, THE UCF FOUNDATION CLOSED ITS BOOKS AT THE**

**4c** (Code: ) (Expenses \$ 4,663,904. including grants of \$ 4,538,762.) (Revenue \$ 10,000.)

**STUDENT AID - UCF IS DEDICATED TO ENRICHING THE LIVES OF UCF STUDENTS AND SOLICITS DONATIONS TO SUPPORT SCHOLARSHIPS TO BENEFIT THEM. SCHOLARSHIP FUNDS ARE TRANSFERRED TO THE UNIVERSITY FOR ADMINISTRATION AND PROCESSING AND ARE DESIGNED TO REWARD, INSPIRE, AND ASSIST STUDENTS IN PURSUING ACADEMIC EXCELLENCE AND HELP ATTRACT A DIVERSE STUDENT BODY. STUDENT SUCCESS IS A PRIORITY, AND 32 NEW ENDOWED SCHOLARSHIPS WERE CREATED IN FISCAL YEAR 2021 TO SUPPORT STUDENTS IN A WIDE RANGE OF AREAS AND COLLEGES, MANY TARGETING FIRST-GENERATION STUDENTS. THE FALL 2021 FRESHMAN CLASS SET A NEW BAR FOR ACADEMIC EXCELLENCE WITH AN AVERAGE GPA OF 4.25 AND AVERAGE SAT SCORES OF 1325. UCF RANKS SECOND AMONG FLORIDA'S STATE UNIVERSITIES WITH 337 NATIONAL MERIT SCHOLARS ENROLLED. EIGHTY-ONE PERCENT OF UNDERGRADUATE STUDENTS RECEIVED**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 7,085,320. including grants of \$ 3,699,199.) (Revenue \$ 699,497.)

**4e** Total program service expenses **27,795,090.**

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

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**Part IV Checklist of Required Schedules**

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

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

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**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 73	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	<b>X</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		<b>X</b>
<b>b</b> If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<b>X</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		<b>X</b>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		<b>X</b>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		<b>X</b>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>		<b>X</b>
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>		<b>X</b>
If "Yes," complete Form 4720, Schedule O.			

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**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	29	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	26	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>		<b>X</b>

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **AK, CA, KY, MD, MA, MI, MN, NH, NJ, NY, OK, OR**

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**GLEN DAWES - 407-882-1225**  
**12424 RESEARCH PARKWAY, SUITE 140, ORLANDO, FL 32826**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL J. MORSEBERGER CHIEF EXECUTIVE OFFICER	40.00 0.00			X				0.	484,083.	51,621.
(2) KAREN COCHRAN, INTERIM CEO SR. ASSOCIATE VP FOR ADVANCEMENT	40.00 0.00				X			0.	339,824.	50,340.
(3) MARK WRIGHT ASSISTANT VP FOR ATHLETICS DEVELOPME	40.00 0.00					X		0.	270,281.	43,634.
(4) GLEN DAWES CHIEF FINANCIAL OFFICER	40.00 0.00			X				0.	254,858.	43,960.
(5) JEFFREY COATES ASSOCIATE VP ADV, COLLEGE & UNITS	40.00 0.00					X		0.	262,206.	32,109.
(6) WILLIAM DEAN ASSOCIATE VP ADV, PRINCIPAL GIFTS	40.00 0.00					X		0.	234,597.	29,356.
(7) CHARLES ROBERTS ASSISTANT VP FOR ADV COLLEGE OF MEDI	40.00 0.00					X		0.	218,179.	45,709.
(8) RACHEL SCHAEFER CHIEF OPERATING OFFICER	40.00 0.00			X				0.	206,284.	28,888.
(9) PATRICK CROWLEY ASSOCIATE VP COMMUNICATIONS AND MARK	40.00 0.00					X		0.	194,571.	37,332.
(10) ALAN FLOREZ TREASURER, FINANCE COMMITTEE	0.00 1.00	X		X				0.	0.	0.
(11) ANTONIO MORENO CO-VICE CHAIR	0.00 1.00	X		X				0.	0.	0.
(12) BRIAN BUTLER CHAIR, REAL ESTATE COMMITTEE	0.00 1.00	X		X				0.	0.	0.
(13) JOHN "BARRY" FORBES DIRECTOR	0.00 1.00	X						0.	0.	0.
(14) CARRIE CALLAHAN CO-VICE CHAIR	0.00 1.00	X		X				0.	0.	0.
(15) CATHERINE MCCAWE-ENGELMAN DIRECTOR	0.00 1.00	X						0.	0.	0.
(16) CHRISTOPHER TOMASSO DIRECTOR	0.00 1.00	X						0.	0.	0.
(17) CLINT BULLOCK DIRECTOR	0.00 1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DANA PATTON DIRECTOR	0.00 1.00	X						0.	0.	0.
(19) DIANE MAHONY DIRECTOR	0.00 1.00	X						0.	0.	0.
(20) DIANNE OWEN DIRECTOR	0.00 1.00	X						0.	0.	0.
(21) DR. ALEXANDER CARTWRIGHT PRESIDENT, UNIVERSITY OF CENTRAL FLO	0.00 1.00	X						0.	0.	0.
(22) LAURENCE "CHRIS" MARLIN DIRECTOR	0.00 1.00	X						0.	0.	0.
(23) THOMAS MCNAMARA DIRECTOR	0.00 1.00	X						0.	0.	0.
(24) DR. GIDEON LEWIS DIRECTOR	0.00 1.00	X						0.	0.	0.
(25) EVA TUKDARIAN, CPA CHAIR, AUDIT COMMITTEE	0.00 1.00	X		X				0.	0.	0.
(26) JESSICA BLUME DIRECTOR	0.00 1.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	2,464,883.	362,949.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	2,464,883.	362,949.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **33**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MACDADE CONSTRUCTION INC 1200 S SANFORD AVE, SANFORD, FL 32771	CONSTRUCTION SERVICES	1,461,678.
CONTRIBUTOR DEVELOPMENT PARTNERSHIP, PBC, TEN GUEST STREET, 5TH FLOOR, BOSTON, MA	WUCF-TELEVISION/RADIO EXPENSES	463,780.
ENCORE MAINTENANCE SERVICES INC 460 W SR 434 STE 104, LONGWOOD, FL 32750	CONSTRUCTION SERVICES	439,507.
GETTYSBURG COMMERCIAL CORPORATION, 526 COOPER INDUSTRIAL PKWY, APOPKA, FL 32703	BUILDING MANAGEMENT SERVICES	347,014.
DIGITAL CONVERGENCE ALLIANCE, INC. 1300 NORTH BLVD, TAMPA, FL 33607	MASTER CONTROL SERVICES FOR WUCF TV	297,156.

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

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOHN EULIANO CHAIR	0.00 1.00	X		X				0.	0.	0.
(28) JOYCE VIRGA CHAIR, DONOR ENGAGEMENT AND STEWARDS	0.00 1.00	X		X				0.	0.	0.
(29) KEVIN MILLER, ATTORNEY DIRECTOR	0.00 1.00	X						0.	0.	0.
(30) KEVIN WYDRA CHAIR, INFORMATION TECHNOLOGY	0.00 1.00	X		X				0.	0.	0.
(31) LORETTA COREY DIRECTOR	0.00 1.00	X						0.	0.	0.
(32) MARK PLAUMANN DIRECTOR	0.00 1.00	X						0.	0.	0.
(33) MARY BETH MORGAN DIRECTOR	0.00 1.00	X						0.	0.	0.
(34) MARC MCMURRIN DIRECTOR	0.00 1.00	X						0.	0.	0.
(35) ROSLYN BURTRAM DIRECTOR	0.00 1.00	X						0.	0.	0.
(36) SARA BERNARD, ATTORNEY SECRETARY	0.00 1.00	X		X				0.	0.	0.
(37) THE HONORABLE BEVERLY SEAY CHAIR, UCF BOARD OF TRUSTEES AND EX-	0.00 1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

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**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514			
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>								
	<b>b</b> Membership dues .....	<b>1b</b>								
	<b>c</b> Fundraising events .....	<b>1c</b>	22,570.							
	<b>d</b> Related organizations .....	<b>1d</b>								
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	11,907,271.							
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	62,351,912.							
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,846,730.							
	<b>h Total.</b> Add lines 1a-1f							74,281,753.		
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM REVENUES		<b>Business Code</b>							
			611710	912,787.	912,787.					
	<b>b</b> .....									
	<b>c</b> .....									
	<b>d</b> .....									
	<b>e</b> .....									
	<b>f</b> All other program service revenue .....		541800							
	<b>g Total.</b> Add lines 2a-2f			912,787.						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,919,495.			1,919,495.			
	<b>4</b> Income from investment of tax-exempt bond proceeds .....									
	<b>5</b> Royalties .....			192,848.			192,848.			
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real							
			(ii) Personal							
			14,855,815.							
	<b>b</b> Less: rental expenses ...	<b>6b</b>	10,713,690.							
	<b>c</b> Rental income or (loss)	<b>6c</b>	4,142,125.							
	<b>d</b> Net rental income or (loss) .....			4,142,125.			4,142,125.			
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities							
			(ii) Other							
			91,708,325.							
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	77,678,158.							
	<b>c</b> Gain or (loss) .....	<b>7c</b>	14,030,167.							
	<b>d</b> Net gain or (loss) .....			14,030,167.			14,030,167.			
<b>8 a</b> Gross income from fundraising events (not including \$ 22,570. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>									
		13,173.								
		<b>b</b> Less: direct expenses .....					<b>8b</b>	36,430.		
<b>c</b> Net income or (loss) from fundraising events .....			-23,257.			-23,257.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>									
		<b>b</b> Less: direct expenses .....					<b>9b</b>			
		<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>									
		33,697.								
		<b>b</b> Less: cost of goods sold .....					<b>10b</b>	17,218.		
<b>c</b> Net income or (loss) from sales of inventory .....			16,479.		16,479.					
<b>Miscellaneous Revenue</b>	<b>11 a</b> ADVERTISING REVENUE		<b>Business Code</b>							
			541800	17,120.		17,120.				
	<b>b</b> MISCELLANEOUS REVENUE		900099	6,102.	6,102.					
	<b>c</b> .....									
	<b>d</b> All other revenue .....									
	<b>e Total.</b> Add lines 11a-11d			23,222.						
<b>12 Total revenue.</b> See instructions			95,495,619.	918,889.	33,599.	20,261,378.				

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

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,819,218.	20,819,218.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	17,666.	17,666.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,573,245.		761,786.	811,459.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	8,851,860.	991,527.	3,676,649.	4,183,684.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	763,736.	59,059.	316,840.	387,837.
<b>9</b> Other employee benefits	1,702,510.	127,726.	693,611.	881,173.
<b>10</b> Payroll taxes	648,040.	148,442.	259,643.	239,955.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	27,668.	16,669.	10,999.	
<b>c</b> Accounting	54,942.		54,942.	
<b>d</b> Lobbying	214,789.	214,789.		
<b>e</b> Professional fundraising services. See Part IV, line 17	319,439.			319,439.
<b>f</b> Investment management fees	492,406.		492,406.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,675,651.	1,267,829.	262,260.	145,562.
<b>12</b> Advertising and promotion	89,890.	73,847.	12,915.	3,128.
<b>13</b> Office expenses	584,328.	249,112.	96,225.	238,991.
<b>14</b> Information technology	1,037,778.	299,410.	716,215.	22,153.
<b>15</b> Royalties				
<b>16</b> Occupancy	100,042.	100,042.		
<b>17</b> Travel	32,704.	10,696.	7,750.	14,258.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	245,843.	192,918.	28,718.	24,207.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	191,354.	6,667.	184,687.	
<b>23</b> Insurance	114,488.	3,704.	110,784.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>UCF PROGRAMMING</u>	2,158,382.	2,158,382.		
<b>b</b> <u>SMALL EQUIPMENT&amp;RENTALS</u>	377,303.	175,407.	90,248.	111,648.
<b>c</b> <u>BANQUETS &amp; RECEPTION</u>	203,811.	128,475.	45,861.	29,475.
<b>d</b> <u>SPONSORSHIP/MEMBERSHIPS</u>	192,074.	182,199.	9,875.	
<b>e</b> All other expenses	609,521.	551,306.	8,538.	49,677.
<b>25</b> Total functional expenses. Add lines 1 through 24e	43,098,688.	27,795,090.	7,840,952.	7,462,646.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

Form 990 (2020)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,177.	<b>1</b>	1,100.	
	<b>2</b> Savings and temporary cash investments .....	16,716,284.	<b>2</b>	53,213,899.	
	<b>3</b> Pledges and grants receivable, net .....	24,727,025.	<b>3</b>	19,908,537.	
	<b>4</b> Accounts receivable, net .....	206,377.	<b>4</b>	4,287,726.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	1,934,951.	<b>9</b>	1,016,617.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 165,631,034.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 35,455,850.	131,946,507.	<b>10c</b>	130,175,184.
	<b>11</b> Investments - publicly traded securities .....	187,074,904.	<b>11</b>	88,122,366.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	33,975,613.	<b>12</b>	187,606,077.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	321,693.	<b>15</b>	302,593.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	396,904,531.	<b>16</b>	484,634,099.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,192,710.	<b>17</b>	3,260,109.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	585,226.	<b>19</b>	15,051.	
	<b>20</b> Tax-exempt bond liabilities .....	71,487,000.	<b>20</b>	69,247,000.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	430,626.	<b>25</b>	387,770.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	74,695,562.	<b>26</b>	72,909,930.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> ▶				
	<b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....		<b>27</b>		
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>		
	<b>Organizations that do not follow FASB ASC 958, check here</b> ▶ <b>X</b>				
	<b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....	117,955,709.	<b>29</b>	203,409,663.	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....	60,459,505.	<b>30</b>	60,928,184.	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....	143,793,755.	<b>31</b>	147,386,322.		
<b>32</b> Total net assets or fund balances .....	322,208,969.	<b>32</b>	411,724,169.		
<b>33</b> Total liabilities and net assets/fund balances .....	396,904,531.	<b>33</b>	484,634,099.		

Form **990** (2020)

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

Form 990 (2020)

59-6211832 Page **12**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	95,495,619.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	43,098,688.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	52,396,931.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	322,208,969.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	37,118,269.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	411,724,169.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2020)

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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 12, check only one box.)

- 1** A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2** A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3** A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4** A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5** ☒ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6** A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7** An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8** A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9** An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10** An organization that normally receives (1) more than 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.)
- 11** An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12** An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a** **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b** **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c** **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d** **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. ☐

**f** Enter the number of supported organizations \_\_\_\_\_

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	43802712.	52586430.	41905820.	32949173.	74281753.	245525888
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	43802712.	52586430.	41905820.	32949173.	74281753.	245525888
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						245525888

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	43802712.	52586430.	41905820.	32949173.	74281753.	245525888
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	12097203.	12620198.	13459049.	19502691.	16968158.	74647299.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	44,206.	28,408.	51,925.	26,339.	33,599.	184,477.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,407.	66,211.	83,505.	251,816.	6,102.	410,041.
<b>11 Total support.</b> Add lines 7 through 10						320767705
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	8,936,932.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						►

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	76.54 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	75.24 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► X
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		►
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		►
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		►
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		►

Schedule A (Form 990 or 990-EZ) 2020



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

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

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

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

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

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

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

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:****MISCELLANEOUS REVENUE**

2016 AMOUNT: \$ 2,407.

2017 AMOUNT: \$ 66,211.

2018 AMOUNT: \$ 83,505.

2019 AMOUNT: \$ 251,816.

2020 AMOUNT: \$ 6,102.

## Schedule B

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

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization

UNIVERSITY OF CENTRAL FLORIDA  
FOUNDATION, INC.

Employer identification number

59-6211832

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization

UNIVERSITY OF CENTRAL FLORIDA  
FOUNDATION, INC.

Employer identification number

59-6211832

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 40,230,411.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 11,032,633.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

UNIVERSITY OF CENTRAL FLORIDA  
FOUNDATION, INC.

Employer identification number

59-6211832

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

UNIVERSITY OF CENTRAL FLORIDA  
FOUNDATION, INC.

Employer identification number

59-6211832

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

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

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization	<b>UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.</b>	Employer identification number	<b>59-6211832</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$ .....

3 Volunteer hours for political campaign activities ..... ▶ .....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ .....

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ .....

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... **Yes No**

4a Was a correction made? ..... **Yes No**

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ .....

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ▶ \$ .....

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... ▶ \$ .....

4 Did the filing organization file **Form 1120-POL** for this year? ..... **Yes No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2020

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## UNIVERSITY OF CENTRAL FLORIDA

Schedule C (Form 990 or 990-EZ) 2020 FOUNDATION, INC.

59-6211832 Page 2

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

## UNIVERSITY OF CENTRAL FLORIDA

Schedule C (Form 990 or 990-EZ) 2020 FOUNDATION, INC.

59-6211832 Page 3

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		214,789.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			214,789.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE FOUNDATION PROVIDES FUNDING FOR GOVERNMENTAL RELATIONS AND LOBBYING EFFORTS ON BEHALF OF THE 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

Schedule C (Form 990 or 990-EZ) 2020

## Part IV

(continued)

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**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020****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" on Form 990, Part IV, line 6.

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

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

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

Preservation of land for public use (for example, recreation or education)	Preservation of a historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	Preservation of a certified historic structure
Preservation of open space	

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 1

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ .....
(ii) Assets included in Form 990, Part X .....	▶ \$ .....

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

a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ .....
b Assets included in Form 990, Part X .....	▶ \$ .....

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

Schedule D (Form 990) 2020

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

Schedule D (Form 990) 2020

59-6211832 Page **2**

**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 make significant use of its collection items (check all that apply):

- |  |                                   |
|--|-----------------------------------|
| <b>a</b> Public exhibition                   | <b>d</b> Loan or exchange program |
| <b>b</b> Scholarly research                  | <b>e</b> Other _____              |
| <b>c</b> 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 XIII.

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

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

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	162,921,611.	164,776,217.	163,512,131.	156,908,945.	146,460,803.
<b>b</b> Contributions	3,593,722.	4,839,565.	3,103,705.	6,040,685.	4,718,583.
<b>c</b> Net investment earnings, gains, and losses	44,565,300.	2,134,076.	7,946,303.	10,144,015.	14,757,487.
<b>d</b> Grants or scholarships	1,992,045.	1,856,633.	1,851,418.	1,346,979.	1,195,132.
<b>e</b> Other expenditures for facilities and programs	3,959,396.	4,460,230.	4,418,779.	3,957,296.	3,914,450.
<b>f</b> Administrative expenses	4,047,044.	2,511,384.	3,515,725.	4,277,239.	3,918,346.
<b>g</b> End of year balance	201,082,148.	162,921,611.	164,776,217.	163,512,131.	156,908,945.

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

- a** Board designated or quasi-endowment 1.2500 %
- b** Permanent endowment 98.7500 %
- c** Term endowment .0000 %

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

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

- (i) Unrelated organizations \_\_\_\_\_
- (ii) Related organizations \_\_\_\_\_

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? \_\_\_\_\_

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		65,400,206.		65,400,206.
<b>b</b> Buildings		95,972,580.	33,421,354.	62,551,226.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		648,702.	648,702.	0.
<b>e</b> Other		3,609,546.	1,385,794.	2,223,752.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				130,175,184.

Schedule D (Form 990) 2020



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

Schedule D (Form 990) 2020

59-6211832 Page **3**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) SSGA RUSSELL SMALL CAP		
(B) COMPLETENESS	8,383,558.	END-OF-YEAR MARKET VALUE
(C) SSGA S&P 500 (R) INDX NL		
(D) CTF	19,458,956.	END-OF-YEAR MARKET VALUE
(E) GLOBAL ALPHA INTL SMALL		
(F) CAP FUND LP	5,369,093.	END-OF-YEAR MARKET VALUE
(G) GQG PARTNERS GLOBAL		
(H) EQUITY FUND	8,732,285.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	187,606,077.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT SECURITY & KEY DEPOSIT	34,017.
(3) ANNUITY PAYMENT LIABILITY	353,753.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	387,770.

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

Schedule D (Form 990) 2020

UNIVERSITY OF CENTRAL FLORIDA  
FOUNDATION, INC.

Schedule D (Form 990) 2020

59-6211832 Page 4

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	142,854,040.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	37,118,269.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	10,767,338.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	47,885,607.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	94,968,433.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	492,406.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	34,780.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	527,186.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	95,495,619.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	53,338,840.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	10,767,338.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	10,767,338.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	42,571,502.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	492,406.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	34,780.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	527,186.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	43,098,688.

**Part XIII Supplemental Information.**

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

**PART II, LINE 9:**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

THE FOUNDATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF

**Part XIII** Supplemental Information (continued)

ITS TAX POSITION IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY  
ACCEPTED IN THE UNITED STATES OF AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN  
INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS  
THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES NETTED AGAINST RENTAL REVENUE	10,713,690.
FUNDRAISING EVENT EXPENSES NETTED AGAINST FUNDRAISING EVENT REVENUE	36,430.
MERCHANDISE SALES EXPENSE NETTED AGAINST MERCHANDISE SALES REVENUE	17,218.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	10,767,338.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

VALUE OF ANNUITY PAYMENTS NETTED AGAINST REVENUE	34,780.
INVESTMENTS FEES NETTED AGAINST INVESTMENT REVENUE	

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES NETTED AGAINST RENTAL REVENUE	10,713,690.
FUNDRAISING EVENT EXPENSES NETTED AGAINST FUNDRAISING EVENT REVENUE	36,430.
MERCHANDISE SALES EXPENSE NETTED AGAINST MERCHANDISE SALES REVENUE	17,218.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	10,767,338.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

VALUE OF ANNUITY PAYMENTS NETTED AGAINST REVENUE	34,780.
INVESTMENTS FEES NETTED AGAINST INVESTMENT REVENUE	

<b>Part VII</b>	<b>Investments - Other Securities.</b> See Form 990, Part X, line 12.
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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

Employer identification number  
**59-6211832**

**Part I**

**Fundraising Activities.**

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

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

- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |

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

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUFFALO NOEL LEVITZ - P.O. BOX 718, DES MOINES, IA	CALL CENTER		X	109,059.	224,239.	-115,180.
MONGOOSE RESEARCH - 6506 EAST QUAKER STREET, SUITE 202, ZURI GROUP LLC - 328 NW BOND STREET, SUITE 204, BEND, OR	TEXTING PLATFORM FOR ALUMNI PHILANTHROPY		X	0.	17,800.	-17,800.
SWISH, LLC - P.O BOX 721648, ORLANDO, FL 32827	PROJECT CONSULTING		X	0.	56,700.	-56,700.
	MEDIA ACTIVATION		X	0.	30,682.	-30,682.
<b>Total</b>				109,059.	329,421.	-220,362.

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

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

## UNIVERSITY OF CENTRAL FLORIDA

Schedule G (Form 990 or 990-EZ) 2020

FOUNDATION, INC.

59-6211832 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		COLLEGE OF NURSING 40TH (event type)	KNIGHTS (event type)	2 (total number)	
Revenue	1 Gross receipts .....	14,500.	10,760.	10,483.	35,743.
	2 Less: Contributions .....	11,300.	6,067.	5,203.	22,570.
	3 Gross income (line 1 minus line 2) .....	3,200.	4,693.	5,280.	13,173.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....	404.			404.
	6 Rent/facility costs .....				
	7 Food and beverages .....	9,174.			9,174.
	8 Entertainment .....				
	9 Other direct expenses .....	26,852.			26,852.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				36,430.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-23,257.

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

**UNIVERSITY OF CENTRAL FLORIDA**

Schedule G (Form 990 or 990-EZ) 2020

**FOUNDATION, INC.**

**59-6211832** Page **3**

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

Name ► .....

Address ► .....

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

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

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

Name ► .....

Address ► .....

- 16** Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

Director/officer

Employee

Independent contractor

- 17** Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: RUFFALO NOEL LEVITZ

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

(I) NAME OF FUNDRAISER: MONGOOSE RESEARCH

(I) ADDRESS OF FUNDRAISER:

6506 EAST QUAKER STREET, SUITE 202, ORCHARD PARK, FL 32907

(II) ACTIVITY: TEXTING PLATFORM FOR ALUMNI PHILANTHROPY ENGAGEMENT

(I) NAME OF FUNDRAISER: ZURI GROUP LLC

(I) ADDRESS OF FUNDRAISER: 328 NW BOND STREET, SUITE 204, BEND, OR 97703

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

THE FOUNDATION USED THE FOLLOWING FUNDRAISERS FOR THE CURRENT TAX YEAR:  
RUFFALO NOEL LEVITZ, AND ANNUAL GIVING NETWORK LLC. THERE WILL BE NO  
GROSS RECEIPTS GENERATED FROM THESE VENDORS SINCE THE VENDOR IS PROVIDING  
RESEARCH SUPPORT AND CONSULTING SERVICES TO THE FOUNDATION'S DEVELOPMENT  
OFFICE REGARDING SOLICITATION STRATEGIES. IN ADDITION TO PROFESSIONAL FEE  
EXPENSES PAID TO RUFFALO NOEL LEVITZ AND ANNUAL GIVING NETWORK, LLC, THE  
FOUNDATION REIMBURSED THE COMPANIES \$19,454.04, AND \$10,776.67  
RESPECTIVELY. THIS WAS FOR BUSINESS TRAVEL AND INCIDENTAL EXPENSES IN  
ACCORDANCE WITH THE CONTRACTS.



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

**Employer identification number**  
**59-6211832**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF CENTRAL FLORIDA 4000 CENTRAL FLORIDA BLVD. ORLANDO, FL 32816	59-2924021	115(1)	13,801,534.	0.			FUNDING FOR PROGRAMS AND SCHOLARSHIPS
UCF GOLDEN KNIGHTS CORPORATION INC P.O. BOX 163555 ORLANDO, FL 32826	20-3794571	501(C)(3)	510,880.	0.			ATHLETICS STADIUM SUPPORT
UCF ATHLETICS ASSOCIATION INC P.O. BOX 163555 ORLANDO, FL 32826	59-2334448	501(C)(3)	5,716,257.	0.			ATHLETIC SCHOLARSHIP AND PROGRAM SUPPORT
UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION - 12201 RESEARCH PARKWAY - ORLANDO, FL 32826	59-3086453	501(C)(3)	357,222.	0.			RESEARCH ACTIVITY
UNIVERSITY OF SOUTH FLORIDA FOUNDATION - 4202 EAST FOWLER AVENUE - TAMPA, FL 33620	26-0879015	501(C)(3)	216,650.	0.			SCHOLARSHIP - PROGRESSIVE STUDENT AWARDS
FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION, INC. - 11200 SW 8TH ST MARC 531 - MIAMI, FL 33199	23-7047106	501(C)(3)	216,675.	0.			SCHOLARSHIP - PROGRESSIVE STUDENT AWARDS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **6.**
- 3** Enter total number of other organizations listed in the line 1 table .....

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

**Schedule I (Form 990) 2020**

UNIVERSITY OF CENTRAL FLORIDA  
FOUNDATION, INC.

59-6211832

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BOOKS	45	0.	853.	PURCHASE PRICE	BOOKS
EDUCATIONAL EQUIPMENT AND SUPPLIES	16	0.	900.	PURCHASE PRICE	EQUIPMENT/SUPPLIES
TICKETS, CLOTHES, MEALS, AND MISC. FOR STUDENTS	21	0.	2,143.	PURCHASE PRICE	TICKETS/CLOTHES/MEALS
TRAVEL AND REGISTRATION PAYMENTS FOR VARIOUS STUDENTS	38	0.	1,970.	PURCHASE PRICE	TRAVEL/REGISTRATION
OTHER	8	11,800.	0.	CASH VALUE	CASH AWARD

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

## PART I, LINE 2:

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" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

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

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2020

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

Schedule J (Form 990) 2020

59-6211832

Page **2**

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

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL J. MORSEBERGER CHIEF EXECUTIVE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	457,860.	0.	26,223.	25,594.	26,027.	535,704.	0.
(2) KAREN COCHRAN, INTERIM CEO SR. ASSOCIATE VP FOR ADVANCEMENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	333,024.	0.	6,800.	25,266.	25,074.	390,164.	0.
(3) MARK WRIGHT ASSISTANT VP FOR ATHLETICS DEVELOPME	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	212,181.	51,100.	7,000.	20,096.	23,538.	313,915.	0.
(4) GLEN DAWES CHIEF FINANCIAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	234,858.	0.	20,000.	20,576.	23,384.	298,818.	0.
(5) JEFFREY COATES ASSOCIATE VP ADV, COLLEGE & UNITS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	255,406.	0.	6,800.	22,145.	9,964.	294,315.	0.
(6) WILLIAM DEAN ASSOCIATE VP ADV, PRINCIPAL GIFTS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	227,797.	0.	6,800.	19,731.	9,625.	263,953.	0.
(7) CHARLES ROBERTS ASSISTANT VP FOR ADV COLLEGE OF MEDI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	211,379.	0.	6,800.	20,189.	25,520.	263,888.	0.
(8) RACHEL SCHAEFER CHIEF OPERATING OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	206,284.	0.	0.	17,976.	10,912.	235,172.	0.
(9) PATRICK CROWLEY ASSOCIATE VP COMMUNICATIONS AND MARK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	187,771.	0.	6,800.	16,425.	20,907.	231,903.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

**Part III** Supplemental Information

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

**PART I, LINE 1A:****1. TAX INDEMNIFICATION AND GROSS UP PAYMENTS - FOR VARIOUS UNIVERSITY**

**EMPLOYEES, THE FOUNDATION MADE SUPPLEMENT PAYMENTS CALCULATED ANNUALLY**

**WHICH INCLUDED GROSSED-UP AMOUNTS FOR TAX PURPOSES PER UNIVERSITY POLICY.**

**THE TOTAL GROSSED-UP AMOUNTS WERE INCLUDED IN THE EMPLOYEES' REPORTABLE**

**TAXABLE COMPENSATION. TOTAL GROSSED-UP AMOUNTS IS \$107,396.**

**2. HEALTH OR SOCIAL CLUB DUES - 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. TOTAL CLUB DUES PAID WERE \$22,293.**

**PART I, LINE 4A:**

**DURING THE FISCAL YEAR, THE ORGANIZATION ACCRUED SEVERANCE PAYMENT TO**

**MICHAEL J. MORSEBERGER IN THE AMOUNT \$174,000.00. ON JULY 22, 2021, A**

**TOTAL OF \$174,846.23 WAS PAID TO HIM.**

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**  
**Open to Public Inspection**

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

Part I	Bond Issues										
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC	59-6211832	NONE	12/30/08	10400000.	REFUND PRIOR ISSUE 2008		X		X		X
B UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC	59-6211832	NONE	12/11/18	6,000,000.	FUND PURCHASE OF DLC BUILDING		X		X		X
C											
D											

<b>Part II Proceeds</b>										
		A		B		C		D		
<b>1</b>	Amount of bonds retired .....	1,640,000.								
<b>2</b>	Amount of bonds legally defeased .....									
<b>3</b>	Total proceeds of issue .....	10,400,000.		5,939,484.						
<b>4</b>	Gross proceeds in reserve funds .....									
<b>5</b>	Capitalized interest from proceeds .....									
<b>6</b>	Proceeds in refunding escrows .....									
<b>7</b>	Issuance costs from proceeds .....			60,516.						
<b>8</b>	Credit enhancement from proceeds .....									
<b>9</b>	Working capital expenditures from proceeds .....									
<b>10</b>	Capital expenditures from proceeds .....									
<b>11</b>	Other spent proceeds .....									
<b>12</b>	Other unspent proceeds .....									
<b>13</b>	Year of substantial completion .....									
		Yes	No	Yes	No	Yes	No	Yes	No	
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....	X			X					
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X		X					
<b>16</b>	Has the final allocation of proceeds been made? .....	X		X						
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X						

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

Schedule K (Form 990) 2020

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

Schedule K (Form 990) 2020

59-6211832

Page 2

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X		X					
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	X		X					
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...	X		X					
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	.00 %		.00 %					
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....	.93 %		.00 %					
<b>6</b> Total of lines 4 and 5 .....	.93 %		.00 %					
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X		X				

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X				
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X		X				
<b>b</b> Exception to rebate? .....		X		X				
<b>c</b> No rebate due? .....		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X		X				

UNIVERSITY OF CENTRAL FLORIDA  
FOUNDATION, INC.

Schedule K (Form 990) 2020

59-6211832

Page 3

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....		X		X				

**Part V Procedures To Undertake Corrective Action**

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

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



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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 .....	<b>X</b>	<b>3</b>	<b>0.</b>	
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....	<b>X</b>	<b>1</b>	<b>0.</b>	
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	<b>X</b>	<b>13,082</b>	<b>1,754,730.</b>	<b>PUBLISHED MARKET VAL</b>
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 .....	<b>X</b>	<b>1</b>	<b>92,000.</b>	<b>APPRAISED VALUE</b>
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....	<b>X</b>	<b>3</b>	<b>0.</b>	
19 Food inventory .....	<b>X</b>	<b>7</b>	<b>0.</b>	
20 Drugs and medical supplies .....	<b>X</b>	<b>1</b>	<b>0.</b>	
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <b>FURNITURE</b> ) .....	<b>X</b>	<b>0</b>	<b>0.</b>	
26 Other ▶ ( <b>EQUIPMENT</b> ) .....	<b>X</b>	<b>13</b>	<b>0.</b>	
27 Other ▶ ( <b>MISCELLANEOUS</b> ) .....	<b>X</b>	<b>4</b>	<b>0.</b>	
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 V, Donee Acknowledgement ..... **29** **1**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a	<b>X</b>	
33		

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

Schedule M (Form 990) 2020

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

SCHEDULE M, LINE 30B:

PART I, TYPES OF PROPERTY

LINE 1, 6, 18, 19, 25, 26, & 27

THE FOUNDATION RECEIVED SEVERAL DONOR GIFT IN-KIND CONTRIBUTIONS DURING THE YEAR INCLUDING EQUIPMENT, ART WORK AND OTHER PROGRAM RELATED GIFTS IN-KIND. THESE GIFTS IN-KIND PASSED THROUGH THE FOUNDATION TO THE UNIVERSITY AND ARE NOT INCLUDED IN THE FOUNDATION'S REVENUE BECAUSE THE FOUNDATION ONLY SERVES AS AN AGENT FOR THE UNIVERSITY.

SCHEDULE M, LINE 32B:

PART II - PART I

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

UNIVERSITY OF CENTRAL FLORIDA  
FOUNDATION, INC.

Employer identification number  
59-6211832

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

END OF JUNE 2021 WITH \$78.3 MILLION IN GIFTS AND COMMITMENTS EXCEEDING  
THE \$70 MILLION GOAL SET BY UNIVERSITY LEADERS. A HIGHPOINT OF THE YEAR  
WAS A TRANSFORMATIONAL INVESTMENT OF \$40 MILLION BY MACKENZIE SCOTT AND  
DAN JEWETT, WHO RECOGNIZED THE UNIVERSITY'S WORK ON FOSTERING STUDENT  
SUCCESS AND SOCIAL MOBILITY. THE LARGEST GIFT IN THE UNIVERSITY'S  
HISTORY WILL STRENGTHEN PATHWAYS TO OPPORTUNITY, WHICH WILL FUEL  
STUDENT SUCCESS AND ACADEMIC EXCELLENCE FOR GENERATIONS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FINANCIAL AID IN THE 2021-22 ACADEMIC YEAR, TOTALING \$585.4 MILLION.  
FIFTY-SEVEN PERCENT OF FIRST-TIME-IN-COLLEGE STUDENTS AT UCF GRADUATE  
WITHOUT ANY EDUCATIONAL DEBT; NATIONALLY ONLY 42 PERCENT GRADUATE  
DEBT-FREE.

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

OTHER PROGRAM SERVICES DIRECTLY RELATED TO THE FOUNDATION'S MISSION.  
EXPENSES \$ 7,085,320. INCL GRANTS OF \$ 3,699,199. REVENUE \$ 699,497.

FORM 990, PART V, LINE 2A

NUMBER OF EMPLOYEES REPORTED ON FORM W3: ALL EMPLOYEES ARE UNIVERSITY  
OF CENTRAL FLORIDA EMPLOYEES; THEREFORE, THE UNIVERSITY OF CENTRAL  
FLORIDA ADMINISTERS THE EMPLOYEE COMPENSATION AND HUMAN RESOURCE  
PROCESS.

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

Employer identification number  
59-6211832

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE IS AUTHORIZED AND EMPOWERED TO ACT FOR, IN THE NAME  
OF AND ON BEHALF OF THE UCF FOUNDATION BOARD AT ALL TIMES WHEN THE BOARD IS  
NOT MEETING.

FORM 990, PART VI, SECTION B, 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 IS  
SPECIFICALLY DELEGATED TO THE AUDIT COMMITTEE AND NO FURTHER REVIEW SHALL  
BE REQUIRED BEFORE SUCH FORMS ARE FILED WITH THE IRS.

THE DRAFT FORM 990 SHALL BE PROVIDED TO EACH VOTING BOARD MEMBER OF THE

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

Employer identification number  
59-6211832

BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS. DISTRIBUTION MAY BE IN THE  
FORM OF ELECTRONIC MAIL, NOTIFICATION LINK TO AN ELECTRONIC WEBSITE, OR  
ACTUAL MAILING OF THE DOCUMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL DIRECTORS, OFFICERS, COMMITTEE MEMBERS AND KEY EMPLOYEES SHALL BE  
REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE FORM. THIS ANNUAL DISCLOSURE FORM  
WILL REQUEST SPECIFIC INFORMATION REGARDING THE TERMS OF ANY CONTRACT OR  
TRANSACTION WITH THE FOUNDATION AND WHETHER PROCESS FOR APPROVAL SET FORTH  
IN THIS POLICY WAS USED. AN INTERESTED PERSON WHO HAS OR LEARNS ABOUT A  
POTENTIAL CONFLICT SHOULD DISCLOSE PROMPTLY TO THE CHAIR OF THE BOARD DUE  
DILIGENCE COMMITTEE AND THE FOUNDATION'S CFO THE MATERIAL FACTS SURROUNDING  
ANY POTENTIAL CONFLICT OF INTEREST, INCLUDING SPECIFIC INFORMATION  
CONCERNING THE TERMS OF ANY CONTRACT OR TRANSACTION WITH THE FOUNDATION.  
ALL EFFORTS SHOULD BE MADE TO DISCLOSE ANY SUCH CONTRACT OR TRANSACTION AND  
HAVE IT APPROVED BY THE COMMITTEE BEFORE THE ARRANGEMENT IS ENTERED INTO.  
FOLLOWING RECEIPT OF INFORMATION CONCERNING A CONTRACT OR TRANSACTION  
INVOLVING A POTENTIAL CONFLICT OF INTEREST. THE BOARD DUE DILIGENCE  
COMMITTEE SHALL CONSIDER THE MATERIAL FACTS CONCERNING THE PROPOSED  
CONTRACT OR TRANSACTION, INCLUDING THE PROCESS BY WHICH THE DECISION WAS  
MADE TO RECOMMEND ENTERING INTO THE ARRANGEMENT ON THE TERMS PROPOSED. THE  
COMMITTEE SHALL APPROVE ONLY THOSE CONTRACTS OR TRANSACTIONS IN WHICH THE  
TERMS ARE FAIR AND REASONABLE TO THE FOUNDATION AND THE ARRANGEMENT IS  
CONSISTENT WITH THE BEST INTEREST OF THE FOUNDATION. FAIRNESS INCLUDES, BUT  
IS NOT LIMITED TO, THE CONCEPTS THAT THE FOUNDATION SHOULD PAY NO MORE THAN  
FAIR MARKET VALUE FOR ANY GOODS OR SERVICES WHICH THE FOUNDATION RECEIVES  
AND THAT THE FOUNDATION SHOULD RECEIVE FAIR MARKET VALUE CONSIDERATION FOR  
ANY GOODS OR SERVICES THAT IT FURNISHES OTHERS. WHEN AN INTERESTED PERSON

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

Employer identification number  
59-6211832

BECOMES AWARE OF A PROPOSED CONFLICT OF INTEREST TRANSACTION, HE OR SHE  
WILL HAVE A DUTY TO TAKE THE FOLLOWING ACTIONS:

(A) IMMEDIATELY DISCLOSE THE EXISTENCE AND CIRCUMSTANCES OF SUCH CONFLICT  
OF INTEREST TRANSACTION TO THE CHAIR OF THE DUE DILIGENCE COMMITTEE AND TO  
THE FOUNDATION'S CFO;

(B) REFRAIN FROM USING HIS OR HER PERSONAL INFLUENCE TO ENCOURAGE THE  
FOUNDATION TO ENTER INTO THE CONFLICT OF INTEREST TRANSACTION;

(C) AND PHYSICALLY RECUSE THEMSELVES FROM PARTICIPATION IN ANY DISCUSSIONS  
REGARDING THE CONFLICT OF INTEREST TRANSACTION WITH OFFICIALS OF THE  
FOUNDATION, AT MEETINGS OF THE BOARD OF DIRECTORS, AND WITH OTHER MEMBERS  
OF THE FOUNDATION COMMUNITY, EXCEPT TO RESPOND TO REQUESTS FOR INFORMATION  
ABOUT THE CONFLICT OF INTEREST TRANSACTION. AN INTERESTED PERSON MAY MAKE A  
PRESENTATION AT THE COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE OR  
SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF THE VOTE ON THE  
TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 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 DUTIES OF THE POSITION. THE SURVEY DATA PROVIDES SALARY AND  
DEMOGRAPHIC DATA FOR SELECTED POSITIONS NATIONWIDE AND IS REPORTED IN A  
STATISTICAL FORMAT INDICATING THE AVERAGE AND MEDIAN SALARIES AND  
ADDITIONAL PERCENTILES (I.E. 25TH, 75TH). THE UNIVERSITY HR DEPARTMENT  
REVIEWS COMPARABLE SURVEY DATA WHEN AN EMPLOYEE IS HIRED OR PROMOTED.

THE EXECUTIVE COMMITTEE CONSISTS OF THE FOLLOWING: THE CHAIR, VICE CHAIRS,

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

Employer identification number  
59-6211832

SECRETARY, TREASURER, IMMEDIATE PAST CHAIR, UNIVERSITY PRESIDENT, CHAIR OF  
THE BOARD OF TRUSTEES, CHAIR OF THE UCF ALUMNI BOARD OF DIRECTORS, CHAIR OF  
ALL OTHER STANDING COMMITTEES OF THE UCF FOUNDATION BOARD.

THE UCF FOUNDATION BOARD AND ITS COMMITTEES ADHERE TO ROBERT'S RULES AND  
ALL DELIBERATIONS OCCUR WITHIN PUBLICLY NOTICED MEETINGS IN ACCORDANCE WITH  
FLORIDA SUNSHINE LAW. ANY OFFICIAL ACTION MUST BE APPROVED BY A VOICE VOTE.  
PROXIES OR WRITTEN VOTES ARE NOT PERMITTED. WE CAPTURE FULL MEETING  
MEETINGS, INCLUDING ACTIONS, IN WRITING. THESE MINUTES ARE STORED WITHIN  
OUR ELECTRONIC RECORDS UPON THE RESPECTIVE COMMITTEE'S APPROVAL VIA AN  
OFFICIAL ACTION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

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

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
UNIVERSITY OF CENTRAL FLORIDA REAL ESTATE FOUNDATION - 59-6211832, 12424 RESEARCH PRKY, STE 140, ORLANDO, FL 32826	REAL ESTATE	FLORIDA	0.	81,793,776.	N/A
KNIGHTS KROSSING STUDENT HOUSING, LLC - 59-6211832, 12424 RESEARCH PRKY, STE 140, ORLANDO, FL 32826	REAL ESTATE	FLORIDA	0.	9,733,000.	N/A

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" 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
UNIVERSITY OF CENTRAL FLORIDA - 59-2924021 4000 CENTRAL FLORIDA BLVD ORLANDO, FL 32816	EDUCATION	FLORIDA	115(1)	N/A	N/A		X

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

Schedule R (Form 990) 2020



## Schedule R (Form 990) 2020

Page 2

## Part III

[illegible]

## Part IV

[illegible]

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY OF CENTRAL FLORIDA	K	14,541,281.	FMV
(2) UNIVERSITY OF CENTRAL FLORIDA	S	11,032,633.	FMV
(3) UNIVERSITY OF CENTRAL FLORIDA	R	9,507,860.	CASH PAID
(4) UNIVERSITY OF CENTRAL FLORIDA	B	13,801,534.	CASH PAID
(5)			
(6)			

## Schedule R (Form 990) 2020

Page 4

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.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

EXTENDED TO MAY 16, 2022

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

OMB No. 1545-0047

**2020**For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021.▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<b>A</b> Check box if address changed.	<b>Print or Type</b>	Name of organization (Check box if name changed and see instructions.) <b>UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.</b>	<b>D</b> Employer identification number <b>59-6211832</b>
<b>B</b> Exempt under section <b>X</b> 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a) 529S		Number, street, and room or suite no. If a P.O. box, see instructions. <b>12424 RESEARCH PARKWAY, SUITE 140</b>	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>ORLANDO, FL 32826</b>	<b>F</b> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year ..... <b>484,634,099.</b>	
<b>G</b> Check organization type ▶ <b>X</b> 501(c) corporation    501(c) trust    401(a) trust    Other trust    Applicable reinsurance entity			
<b>H</b> Check if filing only to ▶ Claim credit from Form 8941    Claim a refund shown on Form 2439			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>2</b>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes <b>X</b> No If "Yes," enter the name and identifying number of the parent corporation. ▶			
<b>L</b> The books are in care of ▶ <b>GLEN DAWES</b> Telephone number ▶ <b>407-882-1225</b>			

**Part I Total Unrelated Business Taxable Income**

<b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	<b>1</b>	<b>32,399.</b>
<b>2</b> Reserved .....	<b>2</b>	
<b>3</b> Add lines 1 and 2 .....	<b>3</b>	<b>32,399.</b>
<b>4</b> Charitable contributions (see instructions for limitation rules) <b>STMT 1 STMT 2</b> .....	<b>4</b>	<b>7,850.</b>
<b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	<b>24,549.</b>
<b>6</b> Deduction for net operating loss. See instructions .....	<b>6</b>	
<b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	<b>24,549.</b>
<b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	<b>1,000.</b>
<b>9</b> <b>Trusts.</b> Section 199A deduction. See instructions .....	<b>9</b>	
<b>10</b> <b>Total deductions.</b> Add lines 8 and 9 .....	<b>10</b>	<b>1,000.</b>
<b>11</b> <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	<b>23,549.</b>

**Part II Tax Computation**

<b>1</b> <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	<b>4,945.</b>
<b>2</b> <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) .....	<b>2</b>	
<b>3</b> <b>Proxy tax.</b> See instructions .....	<b>3</b>	
<b>4</b> Other tax amounts. See instructions .....	<b>4</b>	
<b>5</b> Alternative minimum tax (trusts only) .....	<b>5</b>	
<b>6</b> <b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
<b>7</b> <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	<b>4,945.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		<b>4,945.</b>
<b>3</b>	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		<b>4,945.</b>
<b>5</b>	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		<b>0.</b>
<b>6a</b>	Payments: A 2019 overpayment credited to 2020	<b>6a</b>	<b>22,474.</b>	
<b>b</b>	2020 estimated tax payments. Check if section 643(g) election applies	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		<b>22,474.</b>
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		<b>17,529.</b>
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <b>17,529.</b> <b>Refunded</b>	<b>11</b>		<b>0.</b>

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

<b>1</b>	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</b>	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date	<b>INTERIM CEO</b> Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	AMY CHAPMAN	AMY CHAPMAN	04/27/22		P00843460
	Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶	41-0746749
	Firm's address ▶ 420 SOUTH ORANGE AVENUE, SUITE 500 ORLANDO, FL 32801			Phone no.	4078021200

Form **990-T** (2020)

## FORM 990-T

## CONTRIBUTIONS

## STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
UCF GOLDEN KNIGHTS CORPORATION INC	N/A	510,880.
UCF ATHLETICS ASSOCIATION INC	N/A	5,716,257.
UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION	N/A	357,222.
TOTAL TO FORM 990-T, PART I, LINE 4		6,584,359.

## FORM 990-T

## CONTRIBUTIONS SUMMARY

## STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

6,584,359

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2015

FOR TAX YEAR 2016

FOR TAX YEAR 2017

3,464

FOR TAX YEAR 2018

FOR TAX YEAR 2019

TOTAL CARRYOVER

3,464

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

TOTAL CONTRIBUTIONS AVAILABLE

6,587,823

TAXABLE INCOME LIMITATION AS ADJUSTED

7,850

EXCESS CONTRIBUTIONS

6,579,973

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

6,579,973

ALLOWABLE CONTRIBUTIONS DEDUCTION

7,850

TOTAL CONTRIBUTION DEDUCTION

7,850



**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

**2020**

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

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

**B** Employer identification number  
**59-6211832**

**C** Unrelated business activity code (see instructions) ▶ **900099**

**D** Sequence: **1** of **2**

**E** Describe the unrelated trade or business ▶ **SALE OF MERCHANDISE**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales	<b>33,697.</b>			
<b>b</b> Less returns and allowances		<b>1 c</b> <b>33,697.</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b> <b>17,218.</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> <b>16,479.</b>		<b>16,479.</b>
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		<b>4 a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		<b>4 b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4 c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13</b> <b>Total.</b> Combine lines 3 through 12		<b>13</b> <b>16,479.</b>		<b>16,479.</b>

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8 a</b>	
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>14</b>	<b>SEE STATEMENT 3</b>
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14	<b>15</b>	<b>1,200.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	<b>15,279.</b>
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>	<b>0.</b>
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	<b>15,279.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold**Enter method of inventory valuation **► COST**

1	Inventory at beginning of year .....	1	0.
2	Purchases .....	2	17,218.
3	Cost of labor .....	3	0.
4	Additional section 263A costs (attach statement) .....	4	0.
5	Other costs (attach statement) .....	5	0.
6	<b>Total.</b> Add lines 1 through 5 .....	6	17,218.
7	Inventory at end of year .....	7	0.
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	17,218.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes <input checked="" type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

D \_\_\_\_\_

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

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

D \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 ...				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <b>►</b>				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <b>►</b>				0.
11 <b>Total dividends-received deductions</b> included in line 10 <b>►</b>				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>				0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>	0.			0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2020

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

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

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b>			0.	0.

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>	0.			0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: <u>ADVERTISING</u>		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	17,120.
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	0.
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	17,120.
5	Gross income from activity that is not unrelated business income	5	0.
6	Expenses attributable to income entered on line 5	6	0.
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0.

Schedule A (Form 990-T) 2020



FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

1,200.

TOTAL TO SCHEDULE A, PART II, LINE 14

1,200.

**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 2

OMB No. 1545-0047

**2020**

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

<b>A</b> Name of the organization <b>UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.</b>	<b>B</b> Employer identification number <b>59-6211832</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>541800</b>	<b>D</b> Sequence: <b>2</b> of <b>2</b>

**E** Describe the unrelated trade or business ▶ **ADVERTISING**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b> 17,120.		17,120.
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13</b> <b>Total.</b> Combine lines 3 through 12		<b>13</b> 17,120.		17,120.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>14</b>	
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14	<b>15</b>	0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	17,120.
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>	0.
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	17,120.



LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020




**Part III Cost of Goods Sold**Enter method of inventory valuation 

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

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A					
B					
C					
D					
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)  0.				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)  0.				

**Part V Unrelated Debt-Financed Income** (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A					
B					
C					
D					
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 ...				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)  0.				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)  0.				
11	Total dividends-received deductions included in line 10  0.				





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

**1019**  
**F-7004**  
**R. 01/17**  
Rule 12C-1.051  
Florida Administrative Code  
Effective 01/17

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

**F-7004**  
**R. 01/17**

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

To file online go to **www.floridarevenue.com**

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

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

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

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

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

**B.** Type of federal return filed: 990-T  
Contact person for questions: GLEN DAWES  
Telephone number: 407-882-1220  
Contact Person email address: GLEN.DAWES@UCF.EDU

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

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

**Make checks payable and mail to:**

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

044961 10-20-20	<b>Florida Department of Revenue - Corporate Income Tax Florida Tentative Income / Franchise Tax Return and Application for Extension of Time to File Return</b>	<b>1019</b> <b>F-7004</b> <b>R. 01/17</b>
<b>Name</b>	<b>UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.</b>	<b>FEIN</b> <u>59-6211832</u>
<b>Address</b>	<b>12424 RESEARCH PARKWAY, SUITE 140</b>	<b>Taxable Year End</b> <u>06/30/21</u>
<b>City/State/ZIP</b>	<b>ORLANDO, FL 32826</b>	<b>FILING STATUS</b> Partnership <input type="checkbox"/> S-corporation <input checked="" type="checkbox"/>
		<b>All other federal returns to be filed</b> <u>X</u>
		<b>Tentative Tax Due \$</b> <u>0.00</u>

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

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

Date: \_\_\_\_\_

596211832	0	0	0
3	0	0	0
20210630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0



## Florida Corporate Income/Franchise Tax Return

FEIN 59-6211832

For calendar year 2020  
or tax year beginning

JUL 1

, 2020  
ending

JUN 30, 2021

F-1120, R. 01/20 1019

Rule 12C-1.051  
Florida Administrative Code  
Effective 01/21  
Page 1 of 6

813302021063000020050372359621183200002

Name UNIVERSITY OF CENTRAL FLORIDA  
FOUNDATION, INC.  
Address 12424 RESEARCH PARKWAY, SUITE 140  
City/State/ZIP ORLANDO, FL 32826

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

## Computation of Florida Net Income Tax

- |  |                        |           |
|--|------------------------|-----------|
| 1. Federal taxable income (see instructions) - <b>Attach pages 1-5 of federal return</b>   | Check here if negative | 23,549.00 |
| 2. State income taxes deducted in computing federal taxable income<br>(attach schedule)  | Check here if negative |           |
| 3. Additions to federal taxable income (from Schedule I)   | Check here if negative | 3,464.00  |
| 4. Total of Lines 1, 2 and 3   | Check here if negative | 27,013.00 |
| 5. Subtractions from federal taxable income (from Schedule II)   | Check here if negative |           |
| 6. Adjusted federal income (Line 4 minus Line 5)   | Check here if negative | 27,013.00 |
| 7. Florida portion of adjusted federal income (see instructions)   | Check here if negative | 27,013.00 |
| 8. Nonbusiness income allocated to Florida (from Schedule R)   | Check here if negative |           |
| 9. <b>Florida exemption</b>  |                        | 27,013.00 |
| 10. Florida net income (Line 7 plus Line 8 minus Line 9)   |                        | 0.00      |
| 11. Tax due: 4.458% of Line 10   |                        | 0.00      |
| 12. Credits against the tax (from Schedule V)  |                        |           |
| 13. Total corporate income/franchise tax due (Line 11 minus Line 12)   |                        | 0.00      |
| 14. a) Penalty: F-2220 _____ b) Other _____<br>c) Interest: F-2220 _____ d) Other _____  | Line 14 Total ▶        |           |
| 15. Total of Lines 13 and 14   |                        |           |
| 16. Payment credits: Estimated tax payments 16a \$ _____<br>Tentative tax payment 16b \$ _____   |                        |           |
| 17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon.<br>If the amount is negative (overpayment), enter on Line 18 and/or Line 19 |                        |           |
| 18. Credit: Enter amount of overpayment <b>credited</b> to next year's estimated tax here and on payment coupon  |                        |           |
| 19. Refund: Enter amount of overpayment to be <b>refunded</b> here and on payment coupon   |                        |           |

044081 10-20-20

## Payment Coupon for Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 06/30/21

1019  
F-1120  
R. 01/20

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

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

If 6/30 year end, return is due 1st day of the 4th month after the close of the  
taxable year, otherwise return is due 1st day of the 5th month after the close  
of the taxable year.

596211832	346400	0	0
20200701	0	0	0
20210630	2701300	0	0
00000000	0.000000	0	0
012	0	0	0
201	0	0	0
2354900	0	0	0
0	2701300	0	0

0

8133 0 20210630 0002005037 2 3596211832 0000 2



## UNIVERSITY OF CENTRAL FLORIDA FOUNDA

FEIN 59-6211832

1019  
F-1120  
R. 01/20  
Page 2 of 6  
06/30/21**This return is considered incomplete unless a copy of the federal return is attached.**

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

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

Sign here	Signature of officer (must be an original signature)	Date	Title	INTERIM CEO	
Paid preparers only	Preparer's signature	AMY CHAPMAN	Date	04/27/22	Preparer's PTIN
	Firm's name (or yours if self-employed) and address			FEIN	
420 SOUTH ORANGE AVENUE, SUITE 500			41-0746749		
ORLANDO, FL			ZIP		32801

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

A. State of incorporation: <u>FLORIDA</u>	G-2. Part of a federal consolidated return? <b>YES</b> <b>NO</b> <b>X</b> If yes, provide:
B. Florida Secretary of State document number: <u>714071</u>	FEIN from federal consolidated return: _____
C. Florida consolidated return? <b>YES</b> <b>NO</b> <b>X</b>	Name of corporation: _____
D. Initial return Final return (final federal return filed)	G-3. The federal common parent has sales, property, or payroll in Florida? <b>YES</b> <b>NO</b> <b>X</b>
E. Principal Business Activity Code (as pertains to Florida)	H. Location of corporate books:
<u>541800</u>	<u>12424 RESEARCH PARKWAY SUITE 140</u>
	City, State, ZIP: <u>ORLANDO, FL 32826</u>
F. A Florida extension of time was timely filed? <b>YES</b> <b>X</b> <b>NO</b>	I. Taxpayer is a member of a Florida partnership or joint venture? <b>YES</b> <b>NO</b> <b>X</b>
G-1. Corporation is a member of a controlled group? <b>YES</b> <b>NO</b> <b>X</b> If yes, attach list.	J. Enter date of latest IRS audit: _____
	a) List years examined: _____
	K. Contact person concerning this return: <u>GLEN DAWES</u>
	a) Contact person telephone number: <u>407-882-1220</u>
	b) Contact person e-mail address: <u>GLEN.DAWES@UCF.EDU</u>
	L. Type of federal return filed 1120 1120S or <u>990-T</u>

## Online Information Reporting Requirement

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

## Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue  
5050 W Tennessee Street  
Tallahassee FL 32399-0135If you are requesting a **refund** (Line 19), send your return to:Florida Department of Revenue  
PO Box 6440  
Tallahassee FL 32314-6440

## Remember:

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



NAME UNIVERSITY OF CENTRAL FLORIDA FEIN 59-6211832 TAXABLE YEAR ENDING 06/30/21

### Schedule I - Additions and/or Adjustments to Federal Taxable Income

1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5. 3,464.00
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida Tax Credit Scholarship Program Credits	12.
13. Florida Renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. s. 168(k) IRC special bonus depreciation	18.
19. Other additions (attach schedule)	19.
20. Total Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3.	20. 3,464.00

### Schedule II - Subtractions from Federal Taxable Income

1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3. Florida net operating loss carryover deduction (see instructions)	3.
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 179, IRC expense (see instructions)	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.
11. Other subtractions (attach statement)	11.
12. Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.	12.



NAME UNIVERSITY OF CENTRAL FLORIDA FEIN 59-6211832 TAXABLE YEAR ENDING 06/30/21

Schedule III - Apportionment of Adjusted Federal Income					
III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					1.000000
III-B For use in computing average value of property (use original cost).		WITHIN FLORIDA		TOTAL EVERYWHERE	
		a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) ..... 6a. _____					
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) ..... 6b. _____					
7. Rented property (8 times net annual rent)					
a. Rented property in Florida ..... 7a. _____					
b. Rented property Everywhere ..... 7b. _____					
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida ..... 8a. _____					
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere ..... 8b. _____					
III-C Sales Factor			(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)			N/A		
2. Sales delivered or shipped to Florida purchasers				N/A	
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])					
III-D Special Apportionment Fractions (see instructions)		(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places	
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

Schedule IV - Computation of Florida Portion of Adjusted Federal Income	
1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.



NAME UNIVERSITY OF CENTRAL FLORIDA FEIN 59-6211832 TAXABLE YEAR ENDING 06/30/21

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

**Schedule R - Nonbusiness Income**

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

Type	Amount
_____	_____
_____	_____
_____	_____
Total allocated to Florida ..... (Enter here and on Page 1, Line 8)	1. _____

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

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

**Line 3. Total nonbusiness income**

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



NAME UNIVERSITY OF CENTRAL FLORIDA FEIN 59-6211832 TAXABLE YEAR ENDING 06/30/21

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

1. Florida income expected in taxable year .....	1.	\$	<u>27,013.00</u>
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) .....	2.	\$	<u>27,013.00</u>
3. Estimated Florida net income (Line 1 less Line 2) .....	3.	\$	_____
4. Total Estimated Florida tax (4.458% of Line 3) .....		\$	_____
Less: Credits against the tax .....	4.	\$	_____
5. Computation of installments:			
Payment due dates and			
payment amounts:			
If 6/30 year end, last day of 4th month,			
otherwise last day of 5th month - Enter 0.25 of Line 4 .....	5a.		_____
Last day of 6th month - Enter 0.25 of Line 4 .....	5b.		_____
Last day of 9th month - Enter 0.25 of Line 4 .....	5c.		_____
Last day of fiscal year - Enter 0.25 of Line 4 .....	5d.		_____

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

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

## References

*The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.*

*The forms are available online at [floridarevenue.com/forms](http://floridarevenue.com/forms).*

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.





## UNIVERSITY OF CENTRAL FLORIDA FOUNDATION

1019

F-1120

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FEIN 59-6211832

DATA Page 1 of 2

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UNIVERSITY OF CENTRAL FLORIDA FOUNDATION

1019  
F-1120  
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FEIN 59-6211832  
DATA Page 2 of 2

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

OMB No. 1545-0047

**2020**For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021.▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<b>A</b> Check box if address changed.	<b>Print or Type</b>	Name of organization (Check box if name changed and see instructions.) <b>UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.</b>	<b>D</b> Employer identification number <b>59-6211832</b>
<b>B</b> Exempt under section <b>X</b> 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a) 529S		Number, street, and room or suite no. If a P.O. box, see instructions. <b>12424 RESEARCH PARKWAY, SUITE 140</b>	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>ORLANDO, FL 32826</b>	<b>F</b> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year ..... <b>484,634,099.</b>	
<b>G</b> Check organization type ▶ <b>X</b> 501(c) corporation    501(c) trust    401(a) trust    Other trust    Applicable reinsurance entity			
<b>H</b> Check if filing only to ▶ Claim credit from Form 8941    Claim a refund shown on Form 2439			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>2</b>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes <b>X</b> No If "Yes," enter the name and identifying number of the parent corporation. ▶			
<b>L</b> The books are in care of ▶ <b>GLEN DAWES</b> Telephone number ▶ <b>407-882-1225</b>			

**Part I Total Unrelated Business Taxable Income**

<b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	<b>1</b>	<b>32,399.</b>
<b>2</b> Reserved .....	<b>2</b>	
<b>3</b> Add lines 1 and 2 .....	<b>3</b>	<b>32,399.</b>
<b>4</b> Charitable contributions (see instructions for limitation rules) <b>STMT 1 STMT 2</b> .....	<b>4</b>	<b>7,850.</b>
<b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	<b>24,549.</b>
<b>6</b> Deduction for net operating loss. See instructions .....	<b>6</b>	
<b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	<b>24,549.</b>
<b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	<b>1,000.</b>
<b>9</b> <b>Trusts.</b> Section 199A deduction. See instructions .....	<b>9</b>	
<b>10</b> <b>Total deductions.</b> Add lines 8 and 9 .....	<b>10</b>	<b>1,000.</b>
<b>11</b> <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	<b>23,549.</b>

**Part II Tax Computation**

<b>1</b> <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	<b>4,945.</b>
<b>2</b> <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) .....	<b>2</b>	
<b>3</b> <b>Proxy tax.</b> See instructions .....	<b>3</b>	
<b>4</b> Other tax amounts. See instructions .....	<b>4</b>	
<b>5</b> Alternative minimum tax (trusts only) .....	<b>5</b>	
<b>6</b> <b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
<b>7</b> <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	<b>4,945.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		<b>4,945.</b>
<b>3</b>	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		<b>4,945.</b>
<b>5</b>	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		<b>0.</b>
<b>6a</b>	Payments: A 2019 overpayment credited to 2020	<b>6a</b>	<b>22,474.</b>	
<b>b</b>	2020 estimated tax payments. Check if section 643(g) election applies	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		<b>22,474.</b>
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		<b>17,529.</b>
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <b>17,529.</b> <b>Refunded</b>	<b>11</b>		<b>0.</b>

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

<b>1</b>	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			<b>X</b>
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		<b>X</b>
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4a</b>	Did the organization change its method of accounting? (see instructions)		<b>X</b>
<b>b</b>	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	INTERIM CEO		May the IRS discuss this return with the preparer shown below (see instructions)? <b>X</b> Yes No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	AMY CHAPMAN	AMY CHAPMAN	04/27/22		P00843460
	Firm's name	CLIFTONLARSONALLEN LLP			Firm's EIN
	420 SOUTH ORANGE AVENUE, SUITE 500				
	Firm's address			ORLANDO, FL 32801	
				Phone no. 4078021200	

Form **990-T** (2020)

**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

**2020**

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

<b>A</b> Name of the organization <b>UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.</b>	<b>B</b> Employer identification number <b>59-6211832</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>900099</b>	<b>D</b> Sequence: <b>1</b> of <b>2</b>

**E** Describe the unrelated trade or business ▶ **SALE OF MERCHANDISE**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales	33,697.			
<b>b</b> Less returns and allowances		<b>1 c</b> 33,697.		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b> 17,218.		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> 16,479.		16,479.
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		<b>4 a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		<b>4 b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4 c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 16,479.		16,479.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8 a</b>	
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>14</b>	SEE STATEMENT 3
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	1,200.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	15,279.
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	15,279.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 2

OMB No. 1545-0047

**2020**

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

<b>A</b> Name of the organization <b>UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.</b>	<b>B</b> Employer identification number <b>59-6211832</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>541800</b>	<b>D</b> Sequence: <b>2</b> of <b>2</b>

**E** Describe the unrelated trade or business ▶ **ADVERTISING**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b> 17,120.		17,120.
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 17,120.		17,120.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>14</b>	
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	17,120.
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	17,120.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold**Enter method of inventory valuation **► COST**

1	Inventory at beginning of year .....	1	0.
2	Purchases .....	2	17,218.
3	Cost of labor .....	3	0.
4	Additional section 263A costs (attach statement) .....	4	0.
5	Other costs (attach statement) .....	5	0.
6	<b>Total.</b> Add lines 1 through 5 .....	6	17,218.
7	Inventory at end of year .....	7	0.
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	17,218.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes <input checked="" type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

D \_\_\_\_\_

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

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_



D \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 ...				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <b>►</b>				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <b>►</b>				0.
11 <b>Total dividends-received deductions</b> included in line 10 <b>►</b>				0.




**Part III Cost of Goods Sold**Enter method of inventory valuation 

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

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A				
B				
C				
D				
	A	B	C	D
2	Rent received or accrued			
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....			
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....			
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)  0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....			
5	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)  0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A				
B				
C				
D				
	A	B	C	D
2	Gross income from or allocable to debt-financed property .....			
3	Deductions directly connected with or allocable to debt-financed property			
a	Straight line depreciation (attach statement) .....			
b	Other deductions (attach statement) .....			
c	Total deductions (add lines 3a and 3b, columns A through D) .....			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....			
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....			
6	Divide line 4 by line 5 ..... % % % %			
7	Gross income reportable. Multiply line 2 by line 6 ...			
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)  0.			
9	Allocable deductions. Multiply line 3c by line 6			
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)  0.			
11	<b>Total dividends-received deductions</b> included in line 10  0.			



**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

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

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b>			0.	0.

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>	0.			0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4	
5	Gross income from activity that is not unrelated business income _____	5	
6	Expenses attributable to income entered on line 5 _____	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7	

Schedule A (Form 990-T) 2020

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

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

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b>			0.	0.

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>	0.			0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: <u>ADVERTISING</u>		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	17,120.
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	0.
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	17,120.
5	Gross income from activity that is not unrelated business income	5	0.
6	Expenses attributable to income entered on line 5	6	0.
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0.

Schedule A (Form 990-T) 2020

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

D \_\_\_\_\_

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A)

0.

a

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B)

0.

4 Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on

Part II, line 13

0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

0.

**Part XI Supplemental Information** (see instructions)

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## FORM 990-T

## CONTRIBUTIONS

## STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
UCF GOLDEN KNIGHTS CORPORATION INC	N/A	510,880.
UCF ATHLETICS ASSOCIATION INC	N/A	5,716,257.
UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION	N/A	357,222.
TOTAL TO FORM 990-T, PART I, LINE 4		6,584,359.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT 2
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT		
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT	6,584,359	
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2015		
FOR TAX YEAR 2016		
FOR TAX YEAR 2017	3,464	
FOR TAX YEAR 2018		
FOR TAX YEAR 2019		
TOTAL CARRYOVER	3,464	
TOTAL CURRENT YEAR 10% CONTRIBUTIONS		
TOTAL CONTRIBUTIONS AVAILABLE	6,587,823	
TAXABLE INCOME LIMITATION AS ADJUSTED	7,850	
EXCESS CONTRIBUTIONS	6,579,973	
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	6,579,973	
ALLOWABLE CONTRIBUTIONS DEDUCTION		7,850
TOTAL CONTRIBUTION DEDUCTION		7,850

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,200.
TOTAL TO SCHEDULE A, PART II, LINE 14		1,200.