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PUBLIC DISCLOSURE COPY

UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION  
P.O. BOX 14425  
GAINESVILLE, FL 32604

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



FORM 990

UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION  
P.O. BOX 14425  
GAINESVILLE, FL 32604

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



FORM 990-T

Form **990**

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>P.O. BOX 14425</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>GAINESVILLE, FL 32604</b></p> <b>F</b> Name and address of principal officer: <b>TIM WALSH</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <p align="center">59-2911059</p> <b>E</b> Telephone number <p align="center">352-392-5475</p> <b>G</b> Gross receipts \$ <b>4,314,947.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.UFALUMNI.UFL.EDU</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1960</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>THE UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION IS A NOT-FOR-PROFIT ORGANIZATION WHOSE PURPOSE IS TO</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>46</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>45</b> <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) ..... <b>5</b> <b>0</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>617</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>46,742.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>2,830,165.</b> <b>Prior Year</b> <b>3,311,995.</b> <b>Current Year</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>8,114.</b> <b>109,344.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>0.</b> <b>0.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>1,052,176.</b> <b>852,697.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>3,890,455.</b> <b>4,274,036.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>3,600.</b> <b>2,500.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>1,472,837.</b> <b>1,905,729.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>263,840.</b> <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>33,593.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>2,150,178.</b> <b>2,365,807.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>3,890,455.</b> <b>4,274,036.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>0.</b> <b>0.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>0.</b> <b>Beginning of Current Year</b> <b>0.</b> <b>End of Year</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>0.</b> <b>0.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>0.</b> <b>0.</b>	

**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 <p align="center"><b>TIM WALSH, EXECUTIVE DIRECTOR, UFAA</b></p> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <p><b>THERESA A. BURDINE, CPA</b></p> Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <p><b>P00362629</b></p> Firm's name ▶ <b>RSM US LLP</b> Firm's EIN ▶ <b>42-0714325</b> Firm's address ▶ <b>7351 OFFICE PARK PL</b> <p align="center"><b>MELBOURNE, FL 32940</b></p> Phone no. <b>321-751-6200</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION IS TO SUPPORT EXCLUSIVELY THE UNIVERSITY OF FLORIDA'S MISSION OF TEACHING, RESEARCH, AND SERVICE AS DETERMINED BY THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES BY FOSTERING AND ENHANCING THE RELATIONSHIP BETWEEN THE

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 \$ 1,403,430. including grants of \$ 2,500. ) (Revenue \$ 220,896. ) THE ALUMNI ASSOCIATION IS A MEMBERSHIP ORGANIZATION AND SPONSORS A WIDE ARRAY OF SPECIAL EVENTS AND REUNIONS ATTRACTING TENS OF THOUSANDS OF PARTICIPANTS THAT FORGE A GREATER CONNECTION BETWEEN FORMER STUDENTS AND THEIR ALMA MATER. SOME OF THE MAJOR EVENTS AND REUNIONS INCLUDE GATOR NATION TAILGATE PRIOR TO ALL HOME FOOTBALL GAMES, POST SEASON ATHLETIC RELATED EVENTS, 50TH AND 25TH YEAR REUNION PROGRAMS AND MANY OTHER TARGETED SPECIAL EVENTS.

4b (Code: ) (Expenses \$ -22,771. including grants of \$ ) (Revenue \$ ) THE ALUMNI ASSOCIATION SUPPORTS 92 GATOR CLUBS AND 8 AFFILIATE ORGANIZATIONS AROUND THE GLOBE. THESE CLUBS RAISE SCHOLARSHIPS FOR UF STUDENTS, ARE INVOLVED IN COMMUNITY SERVICE AND SPONSOR A WIDE RANGE OF PROGRAMMING FROM CAREER NETWORKING TO OPPORTUNITIES TO CHEER ON THE GATORS THROUGH VIEWING GATHERINGS.

4c (Code: ) (Expenses \$ 17,055. including grants of \$ ) (Revenue \$ ) UF ALUMNI ASSOCIATION MEMBERSHIP IS ALSO AVAILABLE TO UNIVERSITY OF FLORIDA STUDENTS THROUGH THE STUDENT MEMBERSHIP PROGRAM. THE STUDENT ALUMNI GROUP IS THE LARGEST IN THE COUNTRY AND THE SPECIAL EVENTS AND PROGRAMS OFFERED THROUGH UFAA APPEAL TO THOUSANDS OF UF STUDENTS. SOME MAJOR EVENTS AND MEMBERSHIP BENEFITS INCLUDE BEAT T-SHIRTS, THE GATOR RUN, TRADITION KEEPERS PROGRAM, AND THE CORRESPONDING F BOOK, FRESHMEN WELCOME RECEPTION AND GRAD BASH.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,039,766. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,437,480.

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Contains various tax-related questions and their corresponding responses.



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 46		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 45		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **DAVID CHRISTIE - 352-392-5475**  
**1938 W. UNIVERSITY AVENUE, GAINESVILLE, FL 32603**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUZANNE NORRIS PRESIDENT	1.00	X		X				0.	0.	0.
(2) TIM M. CERIO PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(3) KAREN H. UNGER TREASURER	1.00	X		X				0.	0.	0.
(4) MARK GOLD FACULTY REPRESENTATIVE	1.00 40.00	X						0.	411,617.	75,137.
(5) RAHUL PATEL IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(6) JESS JOAQUIN JOHNSON PRESIDENTIAL APPOINTMENT	1.00	X		X				0.	0.	0.
(7) JUAN A. VITALI PRESIDENTIAL APPOINTMENT	1.00	X		X				0.	0.	0.
(8) CORY YEFFET STUDENT BODY PRESIDENT	1.00	X		X				0.	0.	0.
(9) NOAH A. ANDONE SAA PRESIDENT	1.00	X		X				0.	0.	0.
(10) JAVIER GARRIDO DIRECTOR	1.00	X						0.	0.	0.
(11) CHRISTOPHER L. CARMODY DIRECTOR	1.00	X						0.	0.	0.
(12) RODNEY S. FISCHER DIRECTOR	1.00	X						0.	0.	0.
(13) JOHN M. COX DIRECTOR	1.00	X						0.	0.	0.
(14) STEPHANIE C. BAILES DIRECTOR	1.00	X						0.	0.	0.
(15) ELIZABETH M. SWIMAN DIRECTOR	1.00	X						0.	0.	0.
(16) TERI Z. HERNANDEZ DIRECTOR	1.00	X						0.	0.	0.
(17) NICK S. BOKONE DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAN F. MCFAUL DIRECTOR	1.00	X					0.	0.	0.	
(19) J. CARTER ANDERSEN DIRECTOR	1.00	X					0.	0.	0.	
(20) PAM J. BONDI DIRECTOR	1.00	X					0.	0.	0.	
(21) KIRSTEN L. BROWN DIRECTOR	1.00	X					0.	0.	0.	
(22) MICHAEL G. BROWNE DIRECTOR	1.00	X					0.	0.	0.	
(23) DEREK E. BRUCE DIRECTOR	1.00	X					0.	0.	0.	
(24) BRIAN D. BURGOON DIRECTOR	1.00	X					0.	0.	0.	
(25) BETTY CORTINA-WEISS DIRECTOR	1.00	X					0.	0.	0.	
(26) MARK J. CRISER DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	411,617.	75,137.	
<b>c Total from continuation sheets to Part VII, Section A</b>							300,031.	420,407.	72,316.	
<b>d Total (add lines 1b and 1c)</b>							300,031.	832,024.	147,453.	

**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 **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <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
KEITH WATSON PRODUCTIONS INC 140 SW 128TH ST, STE F, NEWBERRY, FL 32669	PRODUCTION SERVICES	158,565.
CORPORATE PRESS INC 9700 PHILADELPHIA COURT, LANHAM, MD 20706	PRINTING AND PUBLICATIONS	148,141.
QUAD GRAPHICS INC PO BOX 842858, BOSTON, MA 02284	PRINTING AND PUBLICATIONS	143,207.
BOLGER LLC 3301 COMO AVE, SE, MINNEAPOLIS, MN 55414	PRINTING AND PUBLICATIONS	130,304.
DAVE WALDROP INC, 1135 NW 23RD AVE, STE L, GAINESVILLE, FL 32603	AWARDS AND COMENDATIONS	115,914.

**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 **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

**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) BOBBY D. DUBOSE DIRECTOR	1.00	X						0.	0.	0.
(28) JAMES E. GADSBY DIRECTOR	1.00	X						0.	0.	0.
(29) M. TROY FLANAGAN DIRECTOR	1.00	X						0.	0.	0.
(30) DAN S. FRIDMAN DIRECTOR	1.00	X						0.	0.	0.
(31) BARBEE GEIGER DIRECTOR	1.00	X						0.	0.	0.
(32) BRENT A. GORDON DIRECTOR	1.00	X						0.	0.	0.
(33) BRADLEY M. LEVINE DIRECTOR	1.00	X						0.	0.	0.
(34) MONICA H. MCGURK DIRECTOR	1.00	X						0.	0.	0.
(35) LARRY P. MEDVINSKY DIRECTOR	1.00	X						0.	0.	0.
(36) JOCELYN M. MOORE DIRECTOR	1.00	X						0.	0.	0.
(37) BARBARA PRESSLY-TILMAN DIRECTOR	1.00	X						0.	0.	0.
(38) KATRINA D. ROLLE DIRECTOR	1.00	X						0.	0.	0.
(39) LINNEA L. SCHRAMM DIRECTOR	1.00	X						0.	0.	0.
(40) MICHAEL P. SPELLMAN DIRECTOR	1.00	X						0.	0.	0.
(41) DAVID W. USLAN DIRECTOR	1.00	X						0.	0.	0.
(42) BRAD A. WEINBRUM DIRECTOR	1.00	X						0.	0.	0.
(43) CECIL WHITE, JR. DIRECTOR	1.00	X						0.	0.	0.
(44) CARLINA J. WOMELDORPH DIRECTOR	1.00	X						0.	0.	0.
(45) DANNY WUERFFEL DIRECTOR	1.00	X						0.	0.	0.
(46) TAD A. YATES DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JAMES ADE PAST PRESIDENT	1.00	X						0.	0.	0.
(48) LAWRENCE BEVIS, II PAST PRESIDENT	1.00	X						0.	0.	0.
(49) LADD FASSETT PAST PRESIDENT	1.00	X						0.	0.	0.
(50) ANDREW FAWBUSH PAST PRESIDENT	1.00	X						0.	0.	0.
(51) DON FUQUA PAST PRESIDENT	1.00	X						0.	0.	0.
(52) ADRIENNE GARCIA PAST PRESIDENT	1.00	X						0.	0.	0.
(53) JOHN GILLESPIE, JR. PAST PRESIDENT	1.00	X						0.	0.	0.
(54) BILL GUNTER PAST PRESIDENT	1.00	X						0.	0.	0.
(55) STUMPY HARRIS PAST PRESIDENT	1.00	X						0.	0.	0.
(56) SCOTT HAWKINS PAST PRESIDENT	1.00	X						0.	0.	0.
(57) ANDREW HINES PAST PRESIDENT	1.00	X						0.	0.	0.
(58) HOMER HOOKS PAST PRESIDENT	1.00	X						0.	0.	0.
(59) JEFF JONASEN PAST PRESIDENT	1.00	X						0.	0.	0.
(60) DAVID LOWE, IV PAST PRESIDENT	1.00	X						0.	0.	0.
(61) KEN MACKAY PAST PRESIDENT	1.00	X						0.	0.	0.
(62) WAYNE C. MCCALL PAST PRESIDENT	1.00	X						0.	0.	0.
(63) DAVID MCINTOSH PAST PRESIDENT	1.00	X						0.	0.	0.
(64) KELLY MCKIBBEN PAST PRESIDENT	1.00	X						0.	0.	0.
(65) MICHAEL MCNERNEY PAST PRESIDENT	1.00	X						0.	0.	0.
(66) DAVID MICA PAST PRESIDENT	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 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>	1,284,043.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	2,025,912.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	2,040.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....			3,311,995.			
<b>Program Service Revenue</b>	<b>2 a</b> MEMBERSHIP ACTIVITIES .....	<b>Business Code</b>	900099	109,344.	109,344.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			109,344.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			694,403.			694,403.
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....						
	<b>c</b> Gain or (loss) .....						
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>		42,749.				
<b>b</b> Less: cost of goods sold .....	<b>b</b>		40,911.				
<b>c</b> Net income or (loss) from sales of inventory .....			1,838.	1,838.			
Miscellaneous Revenue				<b>Business Code</b>			
<b>11 a</b> OTHER .....		900099	109,714.	109,714.			
<b>b</b> ADVERTISING .....		541800	46,742.		46,742.		
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			156,456.				
<b>12 Total revenue.</b> See instructions. ....			4,274,036.	220,896.	46,742.	694,403.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,500.	2,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	335,933.	100,780.	201,560.	33,593.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,013,914.	753,957.	259,957.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	545,545.	290,217.	255,328.	
10 Payroll taxes	10,337.	10,337.		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	412,295.	410,803.	1,492.	
12 Advertising and promotion	44,677.	44,677.		
13 Office expenses	594,758.	561,089.	33,669.	
14 Information technology	31,267.	18,890.	12,377.	
15 Royalties				
16 Occupancy	2,117.	1,287.	830.	
17 Travel	94,574.	75,404.	19,170.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	489,813.	486,528.	3,285.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>AWARDS AND COMMENDATION</b>	414,777.	400,947.	13,830.	
b <b>MISCELLANEOUS</b>	148,324.	150,711.	-2,387.	
c <b>DUES &amp; SUBSCRIPTIONS</b>	133,205.	129,353.	3,852.	
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	4,274,036.	3,437,480.	802,963.	33,593.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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



**Part X Balance Sheet**

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

		(A) Beginning of year	(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>
	<b>4</b> Accounts receivable, net .....		<b>4</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>
	<b>8</b> Inventories for sale or use .....		<b>8</b>
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>	
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>
	<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 .....		<b>15</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		<b>0.</b>	<b>0.</b>
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>
	<b>18</b> Grants payable .....		<b>18</b>
	<b>19</b> Deferred revenue .....		<b>19</b>
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<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 .....		<b>25</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		<b>0.</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets .....		<b>27</b>
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>
	<b>29</b> Permanently restricted net assets .....		<b>29</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>
	<b>33 Total net assets or fund balances</b> .....		<b>0.</b>
<b>34 Total liabilities and net assets/fund balances</b> .....		<b>0.</b>	<b>0.</b>

**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>	4,274,036.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,274,036.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	0.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	0.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	0.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2014)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3213080.	4436123.	3079271.	2830165.	3311995.	16870634.
<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 ...	369,109.	363,599.	340,136.	340,136.	263,552.	1676532.
<b>4 Total.</b> Add lines 1 through 3 .....	3582189.	4799722.	3419407.	3170301.	3575547.	18547166.
<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.						18547166.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	3582189.	4799722.	3419407.	3170301.	3575547.	18547166.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	705,040.	948,500.	904,895.	897,261.	694,403.	4150099.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...	105,415.	82,079.	53,345.	43,968.	46,742.	331,549.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	870.	907.	122,471.	110,665.	109,714.	344,627.
<b>11 Total support.</b> Add lines 7 through 10						23373441.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	414,330.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	79.35 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	80.11 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**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).		

**Section D. Type III Supporting Organizations**

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<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>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>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.		

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

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

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

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

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



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

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

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

Schedule A (Form 990 or 990-EZ) 2014



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2014**

Name of the organization

UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION

Employer identification number

59-2911059

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization  <b>UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION</b>	Employer identification number  <b>59-2911059</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 2,025,912.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION</b>	Employer identification number  <b>59-2911059</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION</b>	Employer identification number  <b>59-2911059</b>
---	---

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <b>UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION</b>	Employer identification number <b>59-2911059</b>
---	---

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

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432041  
10-21-14

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

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

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

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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014



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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<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 .....			0.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

Name of the organization **UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION** Employer identification number **59-2911059**

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,336,196.	9,547,711.	8,501,870.	8,142,174.	6,502,824.
b Contributions	743,986.	905,140.	678,421.	717,063.	824,731.
c Net investment earnings, gains, and losses	513,112.	1,337,144.	773,221.	21,364.	1,137,155.
d Grants or scholarships	394,995.	349,076.	312,155.	285,835.	243,423.
e Other expenditures for facilities and programs					
f Administrative expenses	118,499.	104,723.	93,646.	92,896.	79,113.
g End of year balance	12,079,800.	11,336,196.	9,547,711.	8,501,870.	8,142,174.

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

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  .00 %

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  0.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	4,578,499.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	263,552.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	263,552.	
3	Subtract line 2e from line 1		3	4,314,947.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-40,911.	
c	Add lines 4a and 4b	4c	-40,911.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,274,036.

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

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

1	Total expenses and losses per audited financial statements		1	4,578,499.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	263,552.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	40,911.	
e	Add lines 2a through 2d	2e	304,463.	
3	Subtract line 2e from line 1		3	4,274,036.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,274,036.

**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 V, LINE 4:**

THIS ENDOWMENT IS FOR ALUMNI ASSOCIATION LIFE MEMBERSHIPS AND THE EARNINGS ARE USED TO SUPPORT ALUMNI ASSOCIATION PROGRAMS AND ACTIVITIES.

**PART X, LINE 2:**

THE UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS 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 OF THE ALUMNI ASSOCIATION.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COGS INCLUDED ON LINE 10B OF PART VIII AND IN EXPENSES FOR -40,911.  
FINANCIAL STATEMENT PURPOSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS INCLUDED ON LINE 10B OF PART VIII AND IN EXPENSES FOR 40,911.  
FINANCIAL STATEMENT PURPOSES



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

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

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

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

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

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



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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** 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: DIRECTLINE TECHNOLOGIES, INC.

(I) ADDRESS OF FUNDRAISER:  
 1600 N CARPENTER ROAD BUILDING D, MODESTO, CA 95351

(I) NAME OF FUNDRAISER: PUBLISHING CONCEPTS I FUNDRAISING

(I) ADDRESS OF FUNDRAISER: 4835 LBJ FREEWAY STE 1100, DALLAX, TX 75244



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION

Employer identification number

59-2911059

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARK GOLD FACULTY REPRESENTATIVE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	348,816.	53,324.	9,477.	10,349.	64,788.	486,754.	0.
(2) DANITA NIAS EXECUTIVE DIRECTOR	(i)	240,819.	0.	59,212.	8,499.	20,227.	328,757.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS J. MITCHELL EXECUTIVE VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	374,301.	0.	46,106.	17,051.	26,539.	463,997.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

PRIVATE AIRCRAFT ARE USED, AS APPROPRIATE, WHEN UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION (UFAA) LEADERSHIP NEED TO MAKE A BUSINESS TRIP WHEN THE TIMING OR LOCATION NECESSITATES THE USE OF SUCH PLANES.

TRAVEL IS PROVIDED, ON FUNDRAISING TRIPS, FOR COMPANIONS OF UFAA LEADERSHIP WHEN A BONA FIDE BUSINESS PURPOSE EXISTS.

THESE BENEFITS ARE NOT TAXABLE INCOME TO THE RECIPIENTS ON SCHEDULE J, PART II.

PART I, LINE 3:

THE UNIVERSITY OF FLORIDA, A RELATED ORGANIZATION, USES THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION FOR THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR:

\*INDEPENDENT COMPENSATION CONSULTANT

\*COMPENSATION SURVEY OR STUDY

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization <b>UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION</b>	Employer identification number <b>59-2911059</b>
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOSTER AND ENHANCE THE RELATIONSHIP BETWEEN THE UNIVERSITY OF FLORIDA,  
ITS ALUMNI, STUDENTS, FRIENDS, AND POTENTIAL STUDENTS, AND TO SUPPORT  
THE TEACHING, RESEARCH, AND SERVICE MISSION OF THE UNIVERSITY OF  
FLORIDA THROUGH EDUCATION, EVENTS, AND OUTREACH.

FORM 990, PART I, LINE 3

PAST PRESIDENTS WERE NO LONGER VOTING MEMBERS OF THE BOARD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNIVERSITY OF FLORIDA AND ITS ALUMNI, STUDENTS, AND FRIENDS.

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

THE ALUMNI ASSOCIATION DEVELOPS PUBLICATIONS TO COMMUNICATE INFORMATION  
SUPPORTING THE ROLE OF UF AS A STATEWIDE AND NATIONWIDE RESOURCE.

APPROXIMATELY 156,500 COPIES OF THE FLORIDA GATOR MAGAZINE WERE

DISTRIBUTED DURING THE FISCAL YEAR. THE ALUMNI ASSOCIATION ALSO

DEVELOPS PROGRAMS THAT IDENTIFY AND ATTRACT STUDENTS AND ENCOURAGE  
SCHOLARSHIPS FOR SUCH STUDENTS.

EXPENSES \$ 2,039,766. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

PAST PRESIDENTS AND BOARD MEMBERS MARK NOUSS AND J. STEPHEN NOUSS HAVE A  
FAMILY RELATIONSHIP.

Name of the organization UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION	Employer identification number 59-2911059
--	--

FORM 990, PART VI, SECTION B, LINE 11:

UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION (UFAA) FINANCIAL MANAGEMENT IS THE RESPONSIBILITY OF THE UNIVERSITY OF FLORIDA FOUNDATION, INC (UFF). IN ACCORDANCE WITH POLICIES SET BY THE UFAA AND UFF BOARDS, FORM 990 WAS REVIEWED AND APPROVED BY THE UFF AUDIT COMMITTEE PRIOR TO ITS FILING. THE UFAA PRESIDENT IS AN EX-OFFICIO VOTING MEMBER OF THE UFF AUDIT COMMITTEE.

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

THE CONFLICT OF INTEREST PROVISION IN THE ORGANIZATION'S BYLAWS REQUIRES DISCLOSURE OF CONFLICTS. AT THE BEGINNING OF EACH FISCAL YEAR, DISCLOSURE FORMS ARE SENT TO EACH DIRECTOR AND OFFICER. ANY RESPONSES INDICATING A POSSIBLE CONFLICT ARE REVIEWED BY LEGAL COUNSEL AND THE EXECUTIVE DIRECTOR TO DETERMINE WHETHER FURTHER ACTION IS NECESSARY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR MANAGEMENT IS REVIEWED AND SET BY THE PRESIDENT OF THE UNIVERSITY OF FLORIDA, OR HIS DESIGNEE, IN ACCORDANCE WITH THE UNIVERSITY'S POLICIES. THESE POLICIES REQUIRE THAT COMPARABLE DATA BE USED TO DETERMINE THAT MANAGEMENT IS COMPENSATED FAIRLY AND COMPETITIVELY WHEN COMPARED TO SIMILAR ROLES IN OTHER UNIVERSITY FOUNDATIONS NATIONALLY.

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE. IN ADDITION, A COPY WILL BE MADE AVAILABLE UPON REQUEST. THE 1023 IS AVAILABLE UPON REQUEST.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

Name of the organization UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION	Employer identification number 59-2911059
--	--

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION'S WEBSITE AND UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).

FORM 990, PART XII, LINE 2C

THE PROCESS FOR SELECTING THE INDEPENDENT AUDITOR HAS REMAINED CONSISTENT FROM THE PRIOR YEAR.

FORM 990, PART IX, LINE 9

THE ORGANIZATION PAYS A FRINGE BENEFIT POOL RATE ON ALL SALARIES FOR BENEFITS AND PAYROLL TAXES. THIS FULL AMOUNT IS BEING REPORTED ON LINE 9 FOR OTHER EMPLOYEE BENEFITS.

FORM 990, PART IX, LINE 24 C

THE ACTIVITY FOR THE RELATED ORGANIZATION, ASSOCIATION OF BLACK ALUMNI (EIN: 59-3470419), HAS BEEN INCLUDED IN THE ACTIVITY FOR THE ORGANIZATION.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

**UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION**

Employer identification number  
**59-2911059**

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

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

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

(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 FLORIDA - 59-6002052 PO BOX 113203 GAINESVILLE, FL 32611	UNIVERSITY	FLORIDA					X
UNIVERSITY OF FLORIDA FOUNDATION - 59-0974739, PO BOX 14425, GAINESVILLE, FL 32604	DIRECT SUPPORT ORGANIZATION	FLORIDA	501(C)(3)	LINE 7			X
ALAMO CITY GATOR CLUB - 59-3333764 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
ATLANTA GATOR CLUB - 59-0801218 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X

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

Schedule R (Form 990) 2014

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BALTIMORE GATOR CLUB - 38-3916991 2012 W UNIVERSITY AVENUE GAINESVILLE, FM 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
BATON ROUGE GATOR CLUB - 37-1517148 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
BIG LAKE GATOR CLUB - 59-2980249 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
BIRMINGHAM GATOR CLUB - 59-2980262 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
BLUE RIDGE GATOR CLUB - 59-3333515 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
BLUEGRASS GATOR CLUB - 59-3459256 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
BROWARD COUNTY GATOR CLUB - 65-0081890 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CAPITAL AREA GATOR CLUB - 59-2916572 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CENTRAL FLORIDA GATOR CLUB - 59-2916566 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CHARLESTON GATOR CLUB - 57-0896008 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CHARLOTTE COUNTY GATOR CLUB - 59-3025196 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CHARLOTTE GATOR CLUB - 56-1665540 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CHATTANOOGA GATOR CLUB - 59-3419592 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CINCINNATI GATOR CLUB - 59-3110422 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CITRUS COUNTY GATOR CLUB - 59-3105670 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CLAY COUNTY GATOR CLUB - 59-3452531 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
COLUMBIA GATOR CLUB - 57-0896009 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CONNECTICUT GATOR CLUB - 03-0478794 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
DALLAS/FORT WORTH GATOR CLUB - 75-2266125 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
DESERT GATOR CLUB - 59-3049865 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
EMERALD COAST GATOR CLUB - 59-2961881 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
FLORIDA KEYS GATOR CLUB - 41-2249139 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GATEWAY GATOR CLUB - 43-1495398 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GATOR CLUB OF HISTORIC ST. AUGUSTINE - 59-2916562, 2012 W UNIVERSITY AVENUE, GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
GATOR CLUB OF JACKSONVILLE - 59-2142631 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GATOR CLUB OF MIAMI (DADE COUNTY) - 65-0078528, 2012 W UNIVERSITY AVENUE, GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GATOR CLUB OF NAPLES - 37-1740021 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GATOR CLUB OF VOLUSIA COUNTY - 59-2452934 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GOHAM GATOR CLUB - 58-1815692 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GREATER COLUMBUS GATOR CLUB - 59-3294149 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GREATER RICHMOND GATOR CLUB - 20-5565195 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
HAMPTON ROADS GATOR CLUB - 59-2980268 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
HERNANDO COUNTY GATOR CLUB - 59-2916574 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
HIGHLANDS GATOR CLUB - 59-2916570 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
HOUSTON GATOR CLUB - 58-1815691 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
HULA GATOR CLUB - 20-1440146 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
INDY GATOR CLUB - 59-3485947 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
JACKSON GATOR CLUB - 59-3294126 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
JAX BEACHES GATOR CLUB - 11-3724128 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
KANSAS CITY GATOR CLUB - 59-3342708 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
KEY WEST GATOR CLUB - 65-0081894 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
KNOXVILLE GATOR CLUB - 30-0841401 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
LAKE COUNTY GATOR CLUB - 59-2988849 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
LAS VEGAS GATOR CLUB - 73-1719989 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
LONE STAR GATOR CLUB - 59-3052397 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
MADISON COUNTY GATOR CLUB - 59-2961890 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
MANATEE COUNTY GATOR CLUB - 65-0081892 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
MARION COUNTY GATOR CLUB - 59-2961884 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MARTIN COUNTY GATOR CLUB - 59-2980256 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
MEMPHIS AREA GATOR CLUB - 59-3102613 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
MONTGOMERY GATOR CLUB - 59-2980266 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
MUSIC CITY GATOR CLUB - 62-1402552 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
NASSAU COUNTY GATOR CLUB - 20-1332344 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
NEW ENGLAND GATOR CLUB - 59-3054926 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
NEW ORLEANS GATOR CLUB - 59-2980267 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
NORTH FLORIDA GATOR CLUB - 59-2466414 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
NORTHEAST OHIO GATOR CLUB - 59-3622746 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
NORTHWEST FLORIDA GATOR CLUB - 59-2916571 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
NORTHWOODS GATOR CLUB - 59-3091683 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
PALM BEACH COUNTY GATOR CLUB - 65-0081893 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PANHANDLE GATOR CLUB - 59-2916569 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
PASCO COUNTY GATOR CLUB - 59-2916568 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
PHILADELPHIA GATOR CLUB - 59-3049537 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
PINELLAS COUNTY GATOR CLUB - 59-2916565 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
POLK COUNTY GATOR CLUB - 59-2980260 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
PORTLAND GATOR CLUB - 59-3342711 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
PUTNAM COUNTY GATOR CLUB - 59-2961873 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
ROCKET CITY GATOR CLUB - 59-3102615 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
ROCKY MOUNTAIN GATOR CLUB - 59-2980269 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SALT LAKE VALLEY GATOR CLUB - 91-2089747 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SAN DIEGO GATOR CLUB - 59-3108326 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SAN FRANCISCO BAY AREA GATOR CLUB - 59-3051248, 2012 W UNIVERSITY AVENUE, GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SAVANNAH GATOR CLUB - 59-3140978 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SEATTLE GATOR CLUB - 59-3102616 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SOUTH ALABAMA GATOR CLUB - 20-5103187 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SOUTH GEORGIA GATOR CLUB - 58-1815693 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SOUTHERN CALIFORNIA GATOR CLUB - 59-2980270 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SOUTHWEST FLORIDA GATOR CLUB - 58-1815693 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SPACE COAST GATOR CLUB - 59-2980251 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
STEEL GATOR CLUB - 59-3599161 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
TAMPA GATOR CLUB - 59-2916567 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
TAYLOR COUNTY GATOR CLUB - 59-2961747 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
TITLETOWN GATOR CLUB - 61-1636188 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
TREASURE COAST GATOR CLUB - 65-0136485 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
TRIAD GATOR CLUB - 59-3102617 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
TRIANGLE GATOR CLUB -- 59-3065926 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
UPSTATE GATOR CLUB - 59-3398323 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
WASHINGTON DC GATOR CLUB -- 59-2994082 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
WINDY CITY GATOR CLUB - 36-3658014 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
ASSOCIATION OF BLACK ALUMNI - 59-3470419 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
ASSOCIATION OF HISPANIC ALUMNI - 59-3456222 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
ASSOCIATION OF LGBT-A ALUMNI 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X

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

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

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

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

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

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

	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 .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		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 FLORIDA	N	263,552.	IN-KIND OCCUPANCY
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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



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

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

# 2014

Department of the Treasury  
Internal Revenue Service

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

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>P.O. BOX 14425</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>GAINESVILLE, FL 32604</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>59-2911059</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>541800 900004</b></p>
<p><b>F</b> Group exemption number (See instructions.)</p>		<p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

**H** Describe the organization's primary unrelated business activity. ▶ **PUBLICATION OF PERIODICAL**

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

**J** The books are in care of ▶ **DAVID CHRISTIE** Telephone number ▶ **352-392-5475**

Part I 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 (Schedule A, line 7)	<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 Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b> 46,742.		<b>11</b> 46,742.
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 46,742.		<b>13</b> 46,742.

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	4,751.
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	11,742.
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	16,493.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	30,249.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 1</b>	<b>31</b>	30,249.
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	0.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	0.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40d), Total credits (40e), Subtract line 40e (41), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

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

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

Sign Here: Under penalties of perjury, I declare that I have examined this return... EXECUTIVE DIRECTOR, UFAA. Signature of officer: [Signature], Date: [Date], Title: [Title].

Paid Preparer Use Only: Print/Type preparer's name: THERESA A. BURDINE, CPA. Preparer's signature: [Signature], Date: [Date], Check self-employed: [ ] if PTIN: P00362629. Firm's name: RSM US LLP, Firm's EIN: 42-0714325, Firm's address: MELBOURNE, FL 32940, Phone no.: 321-751-6200.

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

1. Description of property

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

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

1. Description of debt-financed property	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 schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		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	6. Deductions directly connected with income in column 5
(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)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.



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

(see instructions)

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

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

(see instructions)

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

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

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

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) FLORIDA GATOR	46,742.		46,742.		11,742.	11,742.
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....		0.	0.			0.
<b>Totals, Part II</b> (lines 1-5) .....		46,742.	0.			11,742.

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

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

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT	1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/09	132,149.	52,751.	79,398.	79,398.	
06/30/10	145,827.	0.	145,827.	145,827.	
06/30/11	102,685.	0.	102,685.	102,685.	
06/30/12	95,795.	0.	95,795.	95,795.	
NOL CARRYOVER AVAILABLE THIS YEAR			423,705.	423,705.	

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

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

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

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

Enter filer's identifying number, see instructions

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION</b>	Employer identification number (EIN) or <b>59-2911059</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 14425</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GAINESVILLE, FL 32604</b>	

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

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

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

**DAVID CHRISTIE**

• The books are in the care of  **1938 W. UNIVERSITY AVENUE - GAINESVILLE, FL 32603**  
 Telephone No.  **352-392-5475** Fax No.  **352-392-5959**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

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

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

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

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

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

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

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

Signature  Title  **EXECUTIVE DIRECTOR, UFAA** Date

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

STATE COPY

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

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

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

F-7004  
R. 01/15

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

B. Type of federal return filed: 990-T  
 Contact person for questions: TIM WALSH  
 Telephone number: 352-392-5475  
 Contact person email address: \_\_\_\_\_

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

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

444961  
09-24-14

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

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

**Name** UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION  
**Address** P.O. BOX 14425  
**City/State/ZIP** GAINESVILLE, FL 32604

FEIN 59-2911059  
 Taxable Year End 06/30/15  
 FILING STATUS Corporation  Partnership \_\_\_\_\_  
 Check here if you transmitted funds electronically \_\_\_\_\_  
 Tentative Tax Due \$ 0.00

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

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

592911059	0	0	0
1	0	0	0
20150630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0



Florida Corporate Income/Franchise Tax Return

FEIN 59-2911059

F-1120, R. 01/15 1019

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

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

851602015063000020050372359291105900006

Name UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION
Address P.O. BOX 14425
City/State/ZIP GAINESVILLE, FL 32604

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

Computation of Florida Net Income Tax

- 1. Federal taxable income (see instructions) - Attach pages 1-5 of federal return Check here if negative 0.00
2. State income taxes deducted in computing federal taxable income (attach schedule) Check here if negative
3. Additions to federal taxable income (from Schedule I) Check here if negative 30,249.00
4. Total of Lines 1, 2 and 3 Check here if negative 30,249.00
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 30,249.00
7. Florida portion of adjusted federal income (see instructions) Check here if negative 30,249.00
8. Nonbusiness income allocated to Florida (from Schedule R) Check here if negative
9. Florida exemption 30,249.00
10. Florida net income (Line 7 plus Line 8 minus Line 9) 0.00
11. Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater (see instructions for Schedule VI) 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 c) Interest: F-2220 d) Other Line 14 Total
15. Total of Lines 13 and 14
16. Payment credits: Estimated tax payments 16a \$ Tentative tax payment 16b \$
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19 0.00
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon

444081 09-24-14

Florida Corporate Income Tax Return

1019 F-1120 R. 01/15

Do Not Detach

YEAR ENDING 06/30/15

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

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

Check here if you transmitted funds electronically

Name UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION
Address P.O. BOX 14425
City/State/ZIP GAINESVILLE, FL 32604

592911059 3024900 0 0
20140701 0 0 0
20150630 3024900 0 0
00000000 0.000000 0 0
012 0 0 0
202 0 0 0
0 0 0 0
0 3024900 0 0



UNIVERSITY OF FLORIDA ALUMNI ASSOCIA

FEIN 59-2911059

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign here: Signature of officer (must be an original signature), Date, Title EXECUTIVE DIRECTOR,
Paid preparers only: Preparer's signature, Date, Preparer check if self-employed, Preparer's PTIN P00362629
Firm's name (or yours if self-employed) and address: RSM US LLP, 7351 OFFICE PARK PL, MELBOURNE, FL
FEIN: 42-0714325
ZIP: 32940

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

- A. State of incorporation: FLORIDA
B. Florida Secretary of State document number: N/A
C. Florida consolidated return? YES NO [X]
D. Initial return Final return (final federal return filed)
E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) [X] General Rule
F. Principal Business Activity Code (as pertains to Florida) 541800
G. A Florida extension of time was timely filed? YES NO [X]
H-1. Corporation is a member of a controlled group? YES NO [X] If yes, attach list.
H-2. Part of a federal consolidated return? YES NO [X] If yes, provide:
FEIN from federal consolidated return:
Name of corporation:
H-3. The federal common parent has sales, property, or payroll in Florida? YES NO [X]
I. Location of corporate books: 1938 W. UNIVERSITY AVENUE
City, State, ZIP: GAINESVILLE, FL 32603
J. Taxpayer is a member of a Florida partnership or joint venture? YES NO [X]
K. Enter date of latest IRS audit:
a) List years examined:
L. Contact person concerning this return: TIM WALSH
a) Contact person telephone number: 352-392-5475
b) Contact person e-mail address:
M. Type of federal return filed 1120 1120S or 990-T



Where to Send Payments and Returns

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

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

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



NAME UNIVERSITY OF FLORIDA ALUMNI ASSOCIAT FEIN 59-2911059 TAXABLE YEAR ENDING 06/30/15

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss deduction (attach schedule) <span style="float: right;"><b>STATEMENT 1</b></span>	3. <b>30,249.00</b>	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. New markets tax credit	14.	14.
15. Entertainment industry tax credit	15.	15.
16. Research and Development tax credit	16.	16.
17. Energy Economic Zone tax credit	17.	17.
18. Other additions (attach statement)	18.	18.
19. Total Lines 1 through 18 in Columns (a) and (b). Enter totals for each column on Line 19. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	19. <b>30,249.00</b>	19.

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





NAME UNIVERSITY OF FLORIDA ALUMNI ASSOCIAT FEIN 59-2911059 TAXABLE YEAR ENDING 06/30/15

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

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



NAME UNIVERSITY OF FLORIDA ALUMNI ASSOCIAT FEIN 59-2911059 TAXABLE YEAR ENDING 06/30/15

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

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



NAME UNIVERSITY OF FLORIDA ALUMNI ASSOCIAT FEIN 59-2911059 TAXABLE YEAR ENDING 06/30/15

**Schedule R - Nonbusiness Income**

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

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

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

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

**Line 3. Total nonbusiness income**

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

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

1. Florida income expected in taxable year .....	1. \$	30,249.00
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) .....	2. \$	30,249.00
3. Estimated Florida net income (Line 1 less Line 2) .....	3. \$	_____
4. Total Estimated Florida tax (5.5% of Line 3)* .....	\$	_____
Less: Credits against the tax .....	\$	_____
* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.		
5. Computation of installments:		
Payment due dates and	Last day of 4th month - Enter 0.25 of Line 4 .....	5a. _____
payment amounts:	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. \$	_____

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FL F-1120	FEDERAL CARRYOVER DEDUCTIONS	STATEMENT	1
CARRYOVERS DEDUCTED IN FEDERAL TAXABLE INCOME	AMOUNT	AMT	AMOUNT
NET OPERATING LOSS	30,249.00		
NET CAPITAL LOSS			
EXCESS CHARITABLE CONTRIBUTION			
EXCESS EMPLOYEE BENEFIT PLAN CONTRIBUTION			

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UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION

1019  
F-1120  
R. 01/15

FEIN 59-2911059  
DATA Page 1

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UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION

1019  
F-1120  
R. 01/15

FEIN 59-2911059  
DATA Page 2

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

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

## 2014

Department of the Treasury  
Internal Revenue Service

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

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)   <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>P.O. BOX 14425</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>GAINESVILLE, FL 32604</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>59-2911059</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>541800 900004</b></p>
<p><b>F</b> Group exemption number (See instructions.)</p>		<p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

**H** Describe the organization's primary unrelated business activity. ▶ **PUBLICATION OF PERIODICAL**

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

**J** The books are in care of ▶ **DAVID CHRISTIE** Telephone number ▶ **352-392-5475**

Part I 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 (Schedule A, line 7)	<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 Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b> 46,742.		<b>11</b> 46,742.
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 46,742.		<b>13</b> 46,742.

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	4,751.
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	11,742.
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	16,493.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	30,249.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 2</b>	<b>31</b>	30,249.
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	0.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	0.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40d), Total credits (40e), Subtract line 40e (41), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

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

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

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

Paid Preparer Use Only: Print/Type preparer's name THERESA A. BURDINE, CPA; Preparer's signature; Date; Check self-employed; PTIN P00362629; Firm's name RSM US LLP; Firm's address MELBOURNE, FL 32940; Firm's EIN 42-0714325; Phone no. 321-751-6200



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

1. Description of property

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

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

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

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

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

**Nonexempt Controlled Organizations**

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

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

(see instructions)

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

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

(see instructions)

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

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

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

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) FLORIDA GATOR	46,742.		46,742.		11,742.	11,742.
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....		0.	0.			0.
<b>Totals, Part II</b> (lines 1-5) .....		46,742.	0.			11,742.

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

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

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT	2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/09	132,149.	52,751.	79,398.	79,398.	
06/30/10	145,827.	0.	145,827.	145,827.	
06/30/11	102,685.	0.	102,685.	102,685.	
06/30/12	95,795.	0.	95,795.	95,795.	
NOL CARRYOVER AVAILABLE THIS YEAR			423,705.	423,705.	