PUBLIC DISCLOSURE COPY

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 20 16

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at *www.irs.gov/form8879eo.***

OMB No. 1545-1878

2015

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

Name and title of officer
TIM WALSH
EXECUTIVE DIRECTOR, UFAA

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here ▶ [X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	4,350,539.
2a	Form 990-EZ check here ▶ [ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	Form 1120-POL check here ▶ [ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	Form 990-PF check here ▶ [ ]	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a	Form 8868 check here ▶ [ ]	**b**	**Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize RSM US LLP to enter my PIN 91104

ERO firm name — **Enter five numbers, but do not enter all zeros**

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ______________________ Date ▶ ______________

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 59530538682

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ ______________________ Date ▶ ______________

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA **For Paperwork Reduction Act Notice, see instructions.**

523051
10-19-15

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

526340
04-01-15

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

526340
04-01-15

** PUBLIC DISCLOSURE COPY **

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047

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

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

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990.*

Department of the Treasury
Internal Revenue Service

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

C Name of organization
UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
P.O. BOX 14425
City or town, state or province, country, and ZIP or foreign postal code
GAINESVILLE, FL 32604

D Employer identification number
59-2911059

E Telephone number
352-392-5475

G Gross receipts $ 4,469,953.

F Name and address of principal officer: TIM WALSH
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UFALUMNI.UFL.EDU

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1960 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION IS A NOT-FOR-PROFIT ORGANIZATION WHOSE PURPOSE IS TO

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	42
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	42
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	640
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	35,000.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,311,995.	3,166,213.
	9	Program service revenue (Part VIII, line 2g)	109,344.	2,440.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	852,697.	1,181,886.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,274,036.	4,350,539.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,500.	1,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,905,729.	2,428,183.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 19,712.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,365,807.	1,921,356.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,274,036.	4,350,539.
	19	Revenue less expenses. Subtract line 18 from line 12	0.	0.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	0.	0.
	21	Total liabilities (Part X, line 26)	0.	0.
	22	Net assets or fund balances. Subtract line 21 from line 20	0.	0.

Part II Signature Block

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

Sign Here
▶ Signature of officer | Date
▶ TIM WALSH, EXECUTIVE DIRECTOR, UFAA
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
THERESA A. BURDINE, CPA		4/19/17		P00362629

Firm's name ▶ RSM US LLP | Firm's EIN ▶ 42-0714325
Firm's address ▶ 7351 OFFICE PARK PL
MELBOURNE, FL 32940 | Phone no. 321-751-6200

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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 $ 1,401,075. including grants of $ 1,000.) (Revenue $ 327,107.)

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 $ 7,311. 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 $ 23,117. 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 $ 2,075,999. including grants of $) (Revenue $)

4e Total program service expenses ▶ 3,507,502.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	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? *If "Yes," complete Schedule I, Parts I and II*	**21**		X
22	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? *If "Yes," complete Schedule I, Parts I and III*	**22**		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	**24a**		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		X
26	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? *If "Yes," complete Schedule L, Part II*	**26**		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	X	
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 42			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 42			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

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 [X] Another's website [X] 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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) TIM M. CERIO PRESIDENT	1.00	X		X				0.	0.	0.
(2) MICHAEL G. BROWNE PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(3) KAREN H. UNGER VICE PRESIDENT	1.00	X		X				0.	0.	0.
(4) SUZANNE NORRIS IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(5) TERI Z. HERNANDEZ PRESIDENTIAL APPOINTMENT	1.00	X		X				0.	0.	0.
(6) AMANDA L. ROBINSON DIRECTOR	1.00	X						0.	0.	0.
(7) CHRISTOPHER L. CARMODY DIRECTOR	1.00	X						0.	0.	0.
(8) RODNEY S. FISCHER DIRECTOR	1.00	X						0.	0.	0.
(9) JOHN M. COX DIRECTOR	1.00	X						0.	0.	0.
(10) JAQUELINE M. DAVISON DIRECTOR	1.00	X						0.	0.	0.
(11) BOBBY D. DUBOSE DIRECTOR	1.00	X						0.	0.	0.
(12) ELIZABETH M. SWIMAN DIRECTOR	1.00	X						0.	0.	0.
(13) DAVID W. USLAN DIRECTOR	1.00	X						0.	0.	0.
(14) DANIEL F. MCFAUL DIRECTOR	1.00	X						0.	0.	0.
(15) J. CARTER ANDERSEN DIRECTOR	1.00	X						0.	0.	0.
(16) LORI SPIVEY BAKER DIRECTOR	1.00	X						0.	0.	0.
(17) PAMELA J. BONDI 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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) EDWIN SCALES III DIRECTOR	1.00	X						0.	0.	0.
(19) DEREK E. BRUCE DIRECTOR	1.00	X						0.	0.	0.
(20) STEPHEN BUNCH DIRECTOR	1.00	X						0.	0.	0.
(21) BRIAN D. BURGOON DIRECTOR	1.00	X						0.	0.	0.
(22) BETTY CORTINA-WEISS DIRECTOR	1.00	X						0.	0.	0.
(23) MARK J. CRISER DIRECTOR	1.00	X						0.	0.	0.
(24) JUAN C. ENJAMIO DIRECTOR	1.00	X						0.	0.	0.
(25) DANIEL S. FRIDMAN DIRECTOR	1.00	X						0.	0.	0.
(26) JAMES E. GADSBY DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								472,138.	640,977.	91,382.
d Total (add lines 1b and 1c) ▶								472,138.	640,977.	91,382.

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 ▶ 2

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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
PREMIUMS PROMOTIONS & IMPORTS INC 952 BIG TREE RD, SOUTH DAYTONA, FL 32119	PRINTING AND PUBLICATIONS	222,796.
CORPORATE PRESS INC 9700 PHILADELPHIA COURT, LANHAM, MD 20706	PRINTING AND PUBLICATIONS	159,939.
KEITH WATSON PRODUCTIONS INC 140 SW 128TH ST, STE F, NEWBERRY, FL 32669	PRODUCTION SERVICES	134,885.
QUAD GRAPHICS INC PO BOX 842858, BOSTON, MA 02284	PRINTING AND PUBLICATIONS	133,182.
DAVE WALDROP INC, 1135 NW 23RD AVE, STE L, GAINESVILLE, FL 32603	AWARDS AND COMENDATIONS	126,394.

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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) BRENT A. GORDON DIRECTOR	1.00	X						0.	0.	0.
(28) JESS JOAQUIN JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(29) BRADLEY M. LEVINE DIRECTOR	1.00	X						0.	0.	0.
(30) LARRY P. MEDVINSKY DIRECTOR	1.00	X						0.	0.	0.
(31) JOCELYN M. MOORE DIRECTOR	1.00	X						0.	0.	0.
(32) KRISTEN L. BROWN DIRECTOR	1.00	X						0.	0.	0.
(33) BARBARA PRESSLY-TILMAN DIRECTOR	1.00	X						0.	0.	0.
(34) KATRINA D. ROLLE DIRECTOR	1.00	X						0.	0.	0.
(35) LINNEA L. SCHRAMM DIRECTOR	1.00	X						0.	0.	0.
(36) MICHAEL P. SPELLMAN DIRECTOR	1.00	X						0.	0.	0.
(37) BRAD A. WEINBRUM DIRECTOR	1.00	X						0.	0.	0.
(38) BETTINA WEISS DIRECTOR	1.00	X						0.	0.	0.
(39) CARLINA J. WOMELDORPH DIRECTOR	1.00	X						0.	0.	0.
(40) DANNY WUERFFEL DIRECTOR	1.00	X						0.	0.	0.
(41) TAD A. YATES DIRECTOR	1.00	X						0.	0.	0.
(42) JAMES ADE PAST PRESIDENT	1.00	X						0.	0.	0.
(43) LAWRENCE BEVIS, II PAST PRESIDENT	1.00	X						0.	0.	0.
(44) LADD FASSETT PAST PRESIDENT	1.00	X						0.	0.	0.
(45) ANDREW FAWBUSH PAST PRESIDENT	1.00	X						0.	0.	0.
(46) DON FUQUA PAST PRESIDENT	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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(47) ADRIENNE GARCIA PAST PRESIDENT	1.00	X						0.	0.	0.
(48) JOHN GILLESPIE, JR. PAST PRESIDENT	1.00	X						0.	0.	0.
(49) BILL GUNTER PAST PRESIDENT	1.00	X						0.	0.	0.
(50) STUMPY HARRIS PAST PRESIDENT	1.00	X						0.	0.	0.
(51) SCOTT HAWKINS PAST PRESIDENT	1.00	X						0.	0.	0.
(52) ANDREW HINES PAST PRESIDENT	1.00	X						0.	0.	0.
(53) HOMER HOOKS PAST PRESIDENT	1.00	X						0.	0.	0.
(54) JEFF JONASEN PAST PRESIDENT	1.00	X						0.	0.	0.
(55) DAVID LOWE, IV PAST PRESIDENT	1.00	X						0.	0.	0.
(56) KEN MACKAY PAST PRESIDENT	1.00	X						0.	0.	0.
(57) WAYNE C. MCCALL PAST PRESIDENT	1.00	X						0.	0.	0.
(58) DAVID MCINTOSH PAST PRESIDENT	1.00	X						0.	0.	0.
(59) KELLY MCKIBBEN PAST PRESIDENT	1.00	X						0.	0.	0.
(60) MICHAEL MCNERNEY PAST PRESIDENT	1.00	X						0.	0.	0.
(61) DAVID MICA PAST PRESIDENT	1.00	X						0.	0.	0.
(62) RANDY MOORE PAST PRESIDENT	1.00	X						0.	0.	0.
(63) MELANIE MOWRY-ETTERS PAST PRESIDENT	1.00	X						0.	0.	0.
(64) MARK NOUSS PAST PRESIDENT	1.00	X						0.	0.	0.
(65) J. STEPHEN NOUSS PAST PRESIDENT	1.00	X						0.	0.	0.
(66) WHIT PALMER PAST PRESIDENT	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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(67) TERESA PARNELL PAST PRESIDENT	1.00	X						0.	0.	0.
(68) S. DANIEL PONCE PAST PRESIDENT	1.00	X						0.	0.	0.
(69) DOYLE ROGERS PAST PRESIDENT	1.00	X						0.	0.	0.
(70) LEONARD SPEARMAN, JR. PAST PRESIDENT	1.00	X						0.	0.	0.
(71) ANDREA SPOTTSWOOD PAST PRESIDENT	1.00	X						0.	0.	0.
(72) ROBERT G. STERN PAST PRESIDENT	1.00	X						0.	0.	0.
(73) MARK TROWBRIDGE PAST PRESIDENT	1.00	X						0.	0.	0.
(74) LLOYD TURMAN PAST PRESIDENT	1.00	X						0.	0.	0.
(75) AL WARRINGTON PAST PRESIDENT	1.00	X						0.	0.	0.
(76) DANITA NIAS EXECUTIVE DIRECTOR	40.00			X				305,785.	0.	29,130.
(77) THOMAS J. MITCHELL EXECUTIVE VICE PRESIDENT	1.00 40.00			X				0.	640,977.	44,487.
(78) TIM WALSH EXECUTIVE VICE PRESIDENT	40.00			X				166,353.	0.	17,765.
Total to Part VII, Section A, line 1c								472,138.	640,977.	91,382.

532201
04-01-15

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b 1,188,991.				
	c Fundraising events	1c				
	d Related organizations	1d 1,976,332.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 890.				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f ▶		3,166,213.			
Program Service Revenue		Business Code				
	2a MEMBERSHIP ACTIVITIES	900099	2,440.	2,440.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		2,440.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶					
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		822,219.			822,219.
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances	a 127,776.				
	b Less: cost of goods sold	b 119,414.				
	c Net income or (loss) from sales of inventory ▶		8,362.	8,362.		
	Miscellaneous Revenue	Business Code				
	11a OTHER	900099	316,305.	316,305.		
	b ADVERTISING	541800	35,000.		35,000.	
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		351,305.			
	12 **Total revenue.** See instructions. ▶		4,350,539.	327,107.	35,000.	822,219.

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	1,000.	1,000.		
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	274,668.	84,985.	169,971.	19,712.
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	1,400,213.	1,108,979.	291,234.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	744,924.	428,005.	316,919.	
10 Payroll taxes	8,378.	8,378.		
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.)	329,860.	329,547.	313.	
12 Advertising and promotion	-6,721.	-6,721.		
13 Office expenses	630,008.	615,027.	14,981.	
14 Information technology	23,421.	22,503.	918.	
15 Royalties				
16 Occupancy				
17 Travel	66,729.	50,374.	16,355.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	246,429.	242,687.	3,742.	
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 AWARDS AND COMMENDATION	471,709.	465,536.	6,173.	
b DUES & SUBSCRIPTIONS	90,120.	87,417.	2,703.	
c MISCELLANEOUS	69,801.	69,785.	16.	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	4,350,539.	3,507,502.	823,325.	19,712.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	0.	16	0.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	0.	33	0.
	34	Total liabilities and net assets/fund balances	0.	34	0.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,350,539.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,350,539.
3	Revenue less expenses. Subtract line 2 from line 1	3	0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	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
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION

Employer identification number: 59-2911059

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

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

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4436123.	3079271.	2830165.	3311995.	3166213.	16823767.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	363,599.	340,136.	340,136.	263,552.	224,091.	1531514.
4 **Total.** Add lines 1 through 3	4799722.	3419407.	3170301.	3575547.	3390304.	18355281.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						18355281.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	4799722.	3419407.	3170301.	3575547.	3390304.	18355281.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	948,500.	904,895.	897,261.	694,403.	822,219.	4267278.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	82,079.	53,345.	43,968.	46,742.	35,000.	261,134.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	907.	122,471.	110,665.	109,714.	316,307.	660,064.
11 **Total support.** Add lines 7 through 10						23543757.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 458,239.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) ..... 14 | 77.96 %

15 Public support percentage from 2014 Schedule A, Part II, line 14 ..... 15 | 79.35 %

16a **33 1/3% support test - 2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	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))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	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* ***Part VI*** *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.*	**1**		
2	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* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	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* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	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* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	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* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions):***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	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* ***Part VI 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.*	**2a**		
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* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	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 ***Part VI.***	**3a**		
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 ***Part VI*** *the role played by the organization in this regard.*	**3b**		

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 **Adjusted Net Income** (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 **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** 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 **Minimum Asset Amount** (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 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ 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**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

	Section E - Distribution Allocations (see instructions)	**(i)** Excess Distributions	**(ii)** Underdistributions Pre-2015	**(iii)** Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2016.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

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

Schedule 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* .

OMB No. 1545-0047
2015

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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).

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

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		$ 1,976,332.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

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
		$	

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

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

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

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

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

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

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

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-.

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV **Supplemental Information**

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.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2015
Open to Public Inspection

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
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	

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

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

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

a Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

		Amount
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 on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,079,800.	11,336,196.	9,547,711.	8,501,870.	8,142,174.
b Contributions	707,932.	743,986.	905,140.	678,421.	717,063.
c Net investment earnings, gains, and losses	-389,992.	513,112.	1,337,144.	773,221.	21,364.
d Grants or scholarships	441,758.	394,995.	349,076.	312,155.	285,835.
e Other expenditures for facilities and programs					
f Administrative expenses	149,094.	118,499.	104,723.	93,646.	92,896.
g End of year balance	11,806,888.	12,079,800.	11,336,196.	9,547,711.	8,501,870.

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

a Board designated or quasi-endowment ▶ ________ %

b Permanent endowment ▶ 100.00 %

c Temporarily restricted endowment ▶ ________ %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)	X	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	X	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
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.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(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 [X]

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

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

1	Total revenue, gains, and other support per audited financial statements			1	4,694,044.
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	224,091.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	224,091.
3	Subtract line **2e** from line **1**			3	4,469,953.
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	-119,414.		
c	Add lines **4a** and **4b**			4c	-119,414.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	4,350,539.

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

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

1	Total expenses and losses per audited financial statements			1	4,694,044.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	224,091.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	119,414.		
e	Add lines **2a** through **2d**			2e	343,505.
3	Subtract line **2e** from line **1**			3	4,350,539.
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	4,350,539.

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 -119,414.

FINANCIAL STATEMENT PURPOSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS INCLUDED ON LINE 10B OF PART VIII AND IN EXPENSES FOR 119,414.

FINANCIAL STATEMENT PURPOSES

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION

Employer identification number: 59-2911059

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

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

- **a** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of non-government grants
- **f** [X] Solicitation of government grants
- **g** [ ] Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
PUBLISHING CONCEPTS I FUNDRAISING - 4835 LBJ	FUNDRAISING		X	1,290.	0.	1,290.
DIRECTLINE TECHNOLOGIES, INC. - 1600 N CARPENTER ROAD	PHONE PROGRAM		X	40.	0.	40.
Total ▶				1,330.		1,330.

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

SEE PART IV FOR CONTINUATIONS

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

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

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

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

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

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

b If "No," explain: ____

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

b If "Yes," explain: ____

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: PUBLISHING CONCEPTS I FUNDRAISING

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

(I) NAME OF FUNDRAISER: DIRECTLINE TECHNOLOGIES, INC.

(I) ADDRESS OF FUNDRAISER:

1600 N CARPENTER ROAD BUILDING D, MODESTO, CA 95351

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization: UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION

Employer identification number: 59-2911059

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. [X] First-class or charter travel [X] Travel for companions [ ] Tax indemnification and gross-up payments [ ] Discretionary spending account [ ] Housing allowance or residence for personal use [ ] Payments for business use of personal residence [ ] Health or social club dues or initiation fees [ ] 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	1b	X	
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?	2	X	
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. [ ] Compensation committee [ ] Independent compensation consultant [ ] Form 990 of other organizations [ ] Written employment contract [ ] Compensation survey or study [ ] Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANITA NIAS	(i)	246,314.	0.	59,471.	20,502.	8,628.	334,915.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) THOMAS J. MITCHELL	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE VICE PRESIDENT	(ii)	419,193.	0.	221,784.	27,177.	17,310.	685,464.	0.
(3) TIM WALSH	(i)	142,952.	0.	23,401.	11,810.	5,955.	184,118.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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.*

OMB No. 1545-0047
2015
Open to Public Inspection

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

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 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 127,850 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 $ 2,075,999.   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.

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

Name of the organization: UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION

Employer identification number: 59-2911059

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 MANAGMENT IS COMPENSATED FAIRLY AND COMPETITIVELY WHEN COMPARED TO SIMILAR ROLES IN OTHER UNIVERSITY FOUNDATIONS NATIONALLY.

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

THE UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION'S FORM 990 AND 990-T ARE AVAILABLE ON THE UNIVERSITY OF FLORIDA FOUNDATION, INC.'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 FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION'S WEBSITE AND UPON REQUEST FOR THE SAME PERIOD OF DISLOSURE AS SET FORTH IN IRC SECTION 6104(D).

Name of the organization: UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION

Employer identification number: 59-2911059

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.*

OMB No. 1545-0047

2015

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

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, FL 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 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

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 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
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 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
GOTHAM 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, FM 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 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
SARASOTA COUNTY GATOR CLUB - 65-0081891 2012 W UNIVERSITY AVENUE GAINESVILLE, FL 32603	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 11A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
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 - 65-0136468 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

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
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
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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) 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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		X
b Gift, grant, or capital contribution to related organization(s)	**1b**		X
c Gift, grant, or capital contribution from related organization(s)	**1c**	X	
d Loans or loan guarantees to or for related organization(s)	**1d**		X
e Loans or loan guarantees by related organization(s)	**1e**		X
f Dividends from related organization(s)	**1f**		X
g Sale of assets to related organization(s)	**1g**		X
h Purchase of assets from related organization(s)	**1h**		X
i Exchange of assets with related organization(s)	**1i**		X
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**		X
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	X	
o Sharing of paid employees with related organization(s)	**1o**	X	
p Reimbursement paid to related organization(s) for expenses	**1p**	X	
q Reimbursement paid by related organization(s) for expenses	**1q**		X
r Other transfer of cash or property to related organization(s)	**1r**		X
s Other transfer of cash or property from related organization(s)	**1s**		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	224,091.	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.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor-tionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

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

Form **990-T**

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

For calendar year 2015 or other tax year beginning JUL 1, 2015 , and ending JUN 30, 2016 .

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at *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).

OMB No. 1545-0687

2015

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

A ☐ Check box if address changed

Name of organization (☐ Check box if name changed and see instructions.)

UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION

D Employer identification number (Employees' trust, see instructions.) 59-2911059

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

Number, street, and room or suite no. If a P.O. box, see instructions.
P.O. BOX 14425

E Unrelated business activity codes (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code
GAINESVILLE, FL 32604

541800 900004

C Book value of all assets at end of year

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

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
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11	35,000.		35,000.
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	35,000.		35,000.

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.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	10,797.
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	**Total deductions.** Add lines 14 through 28			29	10,797.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	24,203.
31	Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 1			31	24,203.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	0.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	0.

523701 01-06-16 LHA **For Paperwork Reduction Act Notice, see instructions.** Form **990-T** (2015)

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ (2) Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see instructions)	40b			
c	General business credit. Attach Form 3800	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	0.
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			42	
43	**Total tax.** Add lines 41 and 42			43	0.
44a	Payments: A 2014 overpayment credited to 2015	44a			
b	2015 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	44f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	44g			
45	**Total payments.** Add lines 44a through 44g			45	
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	0.
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	0.
49	Enter the amount of line 48 you want: **Credited to 2016 estimated tax** ▶		**Refunded** ▶	49	

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

		Yes	No
1	At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

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

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

Sign Here

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

▶ Signature of officer | Date | ▶ EXECUTIVE DIRECTOR, UFAA Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
THERESA A. BURDINE, CPA		4/19/17		P00362629
Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325	
Firm's address ▶ 7351 OFFICE PARK PL MELBOURNE, FL 32940			Phone no. 321-751-6200	

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

1. Description of property

(1)	
(2)	
(3)	
(4)	

	2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	2. Rent received or accrued (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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)			
(2)			
(3)			
(4)			
Total	0.	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)	3. (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)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				0.	0.
Total dividends-received deductions included in column 8 ▶					0.

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

Exempt Controlled Organizations

	1. Name of controlled organization	2. Employer identification number	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)					
				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals ▶				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)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶	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)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶	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)						
Totals (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	35,000.		35,000.			
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	35,000.	0.				0.

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

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

Form 990-T (2015)

523731
01-06-16

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.	83,000.	49,149.	49,149.
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			393,456.	393,456.

● 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

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

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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.

● The books are in the care of ▶ DAVID CHRISTIE 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, 2017.

5 For calendar year ______, or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016.

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

8a	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.	**8a**	$ 0.
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.	**8b**	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**8c**	$ 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 ▶

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**

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.

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

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

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

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

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

544961
10-06-15

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

1019
F-7004
R. 01/15

FEIN 59-2911059

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

Taxable Year End 06/30/16
FILING STATUS Corporation X 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
20160630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

0

8615 0 20160630 0002005030 2 3592911059 0000 6

Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/16 **1019**

Rule 12C-1.051
Florida Administrative Code
Effective 01/16

FEIN 59-2911059

For calendar year 2015 or tax year beginning JUL 1, 2015 ending JUN 30, 2016

8615020160630000200503753592911059000006

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	24,203.00
4.	Total of Lines 1, 2 and 3	Check here if negative	24,203.00
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	24,203.00
7.	Florida portion of adjusted federal income (see instructions)	Check here if negative	24,203.00
8.	Nonbusiness income allocated to Florida (from Schedule R)	Check here if negative	
9.	**Florida exemption**		24,203.00
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		

544081
10-06-15

Florida Corporate Income Tax Return

1019
F-1120
R. 01/16

Do Not Detach YEAR ENDING 06/30/16

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	2420300	0	0
20150701	0	0	0
20160630	2420300	0	0
00000000	0.000000	0	0
012	0	0	0
202	0	0	0
0	0	0	0
0	2420300	0	0

0

8615 0 20160630 0002005037 5 3592911059 0000 6

UNIVERSITY OF FLORIDA ALUMNI ASSOCIA

FEIN 59-2911059 06/30/16

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 4/19/17	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 ☒

D. ☐ Initial return ☐ Final return (final federal return filed)

E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) ☒ General Rule ☐ Election A ☐ Election B

F. Principal Business Activity Code (as pertains to Florida)

541800

G. A Florida extension of time was timely filed? YES ☐ NO ☒

H-1. Corporation is a member of a controlled group? YES ☐ NO ☒ If yes, attach list.

H-2. Part of a federal consolidated return? YES ☐ NO ☒ 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 ☒

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 ☒

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

T

L

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 06/30/16

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) STATEMENT 1	3. 24,203.00	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. Credits for spaceflight projects	16.	16.
17. Research and Development tax credit	17.	17.
18. Energy Economic Zone tax credit	18.	18.
19. Other additions (attach statement)	19.	19.
20. Total Lines 1 through 19 in Columns (a) and (b). Enter totals for each column on Line 20. 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.	20. 24,203.00	20.

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

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10-06-15

NAME UNIVERSITY OF FLORIDA ALUMNI ASSOCIAT FEIN 59-2911059 TAXABLE YEAR ENDING 06/30/16

Schedule III - Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					1.000000

III-B For use in computing average value of property (use original cost).

	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods				
2. Buildings and other depreciable assets				
3. Land owned				
4. Other tangible and intangible (financial org. only) assets (attach schedule)				
5. Total (Lines 1 through 4)				

6. Average value of property
   a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) ...... 6a. ____
   b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) ...... 6b. ____
7. Rented property (8 times net annual rent)
   a. Rented property in Florida ...... 7a. ____
   b. Rented property Everywhere ...... 7b. ____
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).
   a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida ...... 8a. ____
   b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere ...... 8b. ____

III-C Sales Factor	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross receipts)	N/A	
2. Sales delivered or shipped to Florida purchasers		N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)		
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])		

III-D Special Apportionment Fractions (see instructions)	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T - Annual Report)			
2. Transportation services			

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

	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.

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10-06-15

NAME UNIVERSITY OF FLORIDA ALUMNI ASSOCIAT FEIN 59-2911059 TAXABLE YEAR ENDING 06/30/16

Schedule V - Credits Against the Corporate Income/Franchise Tax

1.	Florida health maintenance organization credit (attach assessment notice)	1.
2.	Capital investment tax credit (attach certification letter)	2.
3.	Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4.	Community contribution tax credit (attach certification letter)	4.
5.	Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6.	Rural job tax credit (attach certification letter)	6.
7.	Urban high crime area job tax credit (attach certification letter)	7.
8.	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.	Credits for spaceflight projects	18.
19.	Research and Development tax credit	19.
20.	Energy Economic Zone tax credit	20.
21.	Other credits (attach schedule)	21.
22.	Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	22.

Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)

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 06/30/16

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount

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

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount

Total allocated elsewhere ..... 2. ______

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

Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2016

1. Florida income expected in taxable year ..... 1. $ 24,203.00
2. Florida exemption $50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) ..... 2. $ 24,203.00
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 ..... $ ..... 4. $
   * Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.

5. Computation of installments:

Payment due dates and payment amounts:

Last day of 4th month - Enter 0.25 of Line 4 ..... 5a.
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. $

FL F-1120 FEDERAL CARRYOVER DEDUCTIONS STATEMENT 1

CARRYOVERS DEDUCTED IN FEDERAL TAXABLE INCOME	AMOUNT	AMT AMOUNT
NET OPERATING LOSS	24,203.00	
NET CAPITAL LOSS		
EXCESS CHARITABLE CONTRIBUTION		
EXCESS EMPLOYEE BENEFIT PLAN CONTRIBUTION		

FEIN 59-2911059

DATA Page 1

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FEIN 59-2911059

DATA Page 2

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Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2015 or other tax year beginning JUL 1, 2015 , and ending JUN 30, 2016 .

▶ Information about Form 990-T and its instructions is available at *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).

OMB No. 1545-0687

2015

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

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION

Number, street, and room or suite no. If a P.O. box, see instructions.
P.O. BOX 14425

City or town, state or province, country, and ZIP or foreign postal code
GAINESVILLE, FL 32604

D Employer identification number (Employees' trust, see instructions.)
59-2911059

E Unrelated business activity codes (See instructions.)
541800 900004

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

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
1a	Gross receipts or sales				
b	Less returns and allowances / c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11	35,000.		35,000.
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	35,000.		35,000.

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.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	10,797.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) — 21		
22	Less depreciation claimed on Schedule A and elsewhere on return — 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	**Total deductions.** Add lines 14 through 28	29	10,797.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	24,203.
31	Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 2	31	24,203.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)	33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ (2) Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see instructions)	40b			
c	General business credit. Attach Form 3800	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	0.
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			42	
43	**Total tax.** Add lines 41 and 42			43	0.
44a	Payments: A 2014 overpayment credited to 2015	44a			
b	2015 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	44f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	44g			
45	**Total payments.** Add lines 44a through 44g			45	
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	0.
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	0.
49	Enter the amount of line 48 you want: **Credited to 2016 estimated tax** ▶		**Refunded** ▶	49	

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

		Yes	No
1	At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

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

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

Sign Here

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

Signature of officer | Date | EXECUTIVE DIRECTOR, UFAA Title

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

Paid Preparer Use Only

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

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

1. Description of property

(1)
(2)
(3)
(4)

	2. Rent received or accrued: (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	2. Rent received or accrued: (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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)			
(2)			
(3)			
(4)			
Total	0.	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)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals			▶	0.	0.
Total dividends-received deductions included in column 8				▶	0.

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

Exempt Controlled Organizations

	1. Name of controlled organization	2. Employer identification number	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)					
				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			▶	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)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶	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)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶	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)						
Totals (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	35,000.		35,000.			
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	35,000.	0.				0.

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

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

Form 990-T (2015)

523731
01-06-16

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.	83,000.	49,149.	49,149.
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			393,456.	393,456.