

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)

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE UNIVERSITY OF FLORIDA FOUNDATION, INC. Doing business as		D Employer identification number 59-0974739
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 14425		E Telephone number 352-392-5475
	City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE, FL 32604		G Gross receipts \$ 183,691,785.
	F Name and address of principal officer: THOMAS J. MITCHELL SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number

J Website: WWW.UFF.UFL.EDU

K Form of organization: Corporation Trust Association Other

L Year of formation: 1964 **M** State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	335
	6 Total number of volunteers (estimate if necessary)	6	500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-6,612,059.
b Net unrelated business taxable income from Form 990-T, line 38	7b	-6,612,059.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	141,476,848.	134,954,475.
	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)	12,741,369.	6,976,362.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,110,108.	6,687,157.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	161,328,325.	148,617,994.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	124,311,850.	126,021,072.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	13,410,014.	15,227,609.
	b Total fundraising expenses (Part IX, column (D), line 25)	811,522.	803,476.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,495,769.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,196,957.	13,896,487.
19 Revenue less expenses. Subtract line 18 from line 12	157,730,343.	155,948,644.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	3,597,982.	-7,330,650.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	2,035,588,587.	2,103,290,237.

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			
	DAVID CHRISTIE, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JULIANA KREUL	Preparer's signature <i>Juliana Kreul</i>	Date 05/12/2020	Check if self-employed <input type="checkbox"/>	PTIN P01204534
	Firm's name RSM US LLP	Firm's EIN 42-0714325	Firm's address 7351 OFFICE PARK PL. MELBOURNE, FL 32940-8229	Phone no. 321-751-6200	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF THE UNIVERSITY OF FLORIDA FOUNDATION, INC. IS TO
EXCLUSIVELY SUPPORT AND ENHANCE THE UNIVERSITY OF FLORIDA, A
COMPREHENSIVE LEARNING INSTITUTION BUILT ON A LAND-GRANT FOUNDATION,
IN ITS MISSION OF "EXCELLENCE IN EDUCATION AND RESEARCH AND SHAPING A

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 49,249,069. including grants of \$ 44,005,463.) (Revenue \$ 5,639,961.)
THE UNIVERSITY OF FLORIDA FOUNDATION, INC. RECEIVES AND ADMINISTERS
PRIVATE SUPPORT, IN ACCORDANCE WITH DONOR RESTRICTIONS, TO THE MANY
COLLEGES, UNITS, AND PROGRAMS OF THE UNIVERSITY OF FLORIDA.

4b (Code: _____) (Expenses \$ 23,967,642. including grants of \$ 23,967,642.) (Revenue \$ 333,728.)
THE UNIVERSITY OF FLORIDA FOUNDATION, INC. RECEIVES AND ADMINISTERS
PRIVATE SUPPORT FOR THE UNIVERSITY OF FLORIDA FOR DONOR PROVIDED
FINANCIAL AID TO QUALIFIED STUDENTS.

4c (Code: _____) (Expenses \$ 21,385,687. including grants of \$ 21,367,897.) (Revenue \$ 1,390.)
THE UNIVERSITY OF FLORIDA FOUNDATION, INC. RECEIVES AND ADMINISTERS
PRIVATE SUPPORT FOR FACULTY AND STAFF OF THE MANY COLLEGES AND UNITS OF
THE UNIVERSITY OF FLORIDA INCLUDING, BUT NOT LIMITED TO, ENDOWED CHAIRS
AND PROFESSORSHIPS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 37,345,938. including grants of \$ 36,680,070.) (Revenue \$ 531,015.)

4e Total program service expenses **▶** 131,948,336.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>		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	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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
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 335		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
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		
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		
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 3		
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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	26		
b	Enter the number of voting members included in line 1a, above, who are independent		
	21		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?	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?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **DAVID CHRISTIE - 352-392-5475**
1938 W. UNIVERSITY AVENUE, GAINESVILLE, FL 32603

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) S. ANDREW BANKS DIRECTOR	1.00	X					0.	0.	0.	
(2) CAROL M. BREWER DIRECTOR	1.00	X					0.	0.	0.	
(3) SHANNON E. CARBONE DIRECTOR	1.00	X					0.	0.	0.	
(4) MICHAEL D. DURHAM DIRECTOR	1.00	X					0.	0.	0.	
(5) W. KENT FUCHS DIRECTOR	1.00 41.00	X					0.	1,149,741.	252,774.	
(6) ELIZABETH D. GADSBY DIRECTOR	1.00	X					0.	0.	0.	
(7) JOE GLOVER DIRECTOR	1.00 40.00	X					0.	591,162.	45,240.	
(8) SCOTT G. HAWKINS DIRECTOR	1.00	X					0.	0.	0.	
(9) JOSEPH HERNANDEZ DIRECTOR	1.00	X					0.	0.	0.	
(10) RHONDA D. HOLT DIRECTOR	1.00	X					0.	0.	0.	
(11) BETH A. MCCAGUE DIRECTOR	1.00	X					0.	0.	0.	
(12) DIANE MCFARLIN DIRECTOR	1.00 40.00	X					0.	290,905.	32,029.	
(13) LINDA C. MCGURN DIRECTOR	1.00	X					0.	0.	0.	
(14) MIKE V. MCKEE DIRECTOR	1.00 40.00	X					0.	342,904.	97,201.	
(15) JOELEN K. MERKEL DIRECTOR	1.00	X					0.	0.	0.	
(16) LOUIS H. OBERNDORF DIRECTOR	1.00	X					0.	0.	0.	
(17) M. ANN O'BRIEN DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LINDA PARKER-HUDSON DIRECTOR	1.00	X					0.	0.	0.	
(19) RAHUL PATEL DIRECTOR	1.00	X					0.	0.	0.	
(20) KATHRYN S. PRESSLY DIRECTOR	1.00	X					0.	0.	0.	
(21) JON W. PRITCHETT DIRECTOR	1.00	X					0.	0.	0.	
(22) JAMES H. PUGH, JR. DIRECTOR	1.00	X					0.	0.	0.	
(23) SACHIO SEMMOTO DIRECTOR	1.00	X					0.	0.	0.	
(24) DOUG SOLTIS DIRECTOR	1.00 40.00	X					0.	223,387.	29,169.	
(25) RICK STAAB DIRECTOR	1.00	X					0.	0.	0.	
(26) JODY SWANSON DIRECTOR	1.00	X					0.	0.	0.	
1b Sub-total							0.	2,598,099.	456,413.	
c Total from continuation sheets to Part VII, Section A							2,726,581.	0.	345,744.	
d Total (add lines 1b and 1c)							2,726,581.	2,598,099.	802,157.	

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 **47**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
UNIVERSITY OF FLORIDA INVESTMENT CORP, 4510 NW 6TH PLACE, 2ND FLOOR, GAINESVILLE, RUFFALOCODY	INVESTMENT MANAGEMENT	2,690,460.
PO BOX 3018, CEDAR RAPIDS, IA 52406	PROFESSIONAL FUNDRAISERS	823,636.
CHARLES PERRY PARTNERS LLC 8200 NW 15TH PLACE, GAINESVILLE, FL 32606	CONSTRUCTION SERVICES	502,593.
ONE SIXTY OVER NINETY FL LLC ONE SOUTH BROAD ST, PHILADELPHIA, PA 19107	MARKETING SERVICES	374,452.
OYOVA SOFTWARE LLC 1719 PENMAN ROAD, JACKSONVILLE, FL 32250	TECHNOLOGY SERVICES	339,000.

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 **16**

SEE PART VII, SECTION A CONTINUATION SHEETS

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	1 a Federated campaigns	1a				
	b Membership dues	1b 38,475.				
	c Fundraising events	1c				
	d Related organizations	1d 4,700,000.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 130,216,000.				
	g Noncash contributions included in lines 1a-1f: \$	23,000,279.				
	h Total. Add lines 1a-1f	▶ 134,954,475.				
Program Service Revenue	2 a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ -371,589.		-6,612,059.	6,240,470.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶ 2,622,808.	2,622,808.			
	6 a Gross rents	(i) Real	410,827.			
		(ii) Personal				
		b Less: rental expenses	229,764.			
		c Rental income or (loss)	181,063.			
	d Net rental income or (loss)	▶ 181,063.			181,063.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	42,176,560.	15,418.		
		(ii) Other				
		b Less: cost or other basis and sales expenses	34,844,027.	0.		
		c Gain or (loss)	7,332,533.	15,418.		
	d Net gain or (loss)	▶ 7,347,951.			7,347,951.	
	8 a 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		▶				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a	MISCELLANEOUS	900099	2,488,137.	2,488,137.		
	TRANSFERS FROM COMPONE	900099	953,294.	953,294.		
	REUNIONS AND OTHER EVE	900099	441,855.	441,855.		
	All other revenue					
e Total. Add lines 11a-11d	▶ 3,883,286.					
12 Total revenue. See instructions	▶ 148,617,994.	6,506,094.	-6,612,059.	13,769,484.		

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 ...	126,021,072.	126,021,072.		
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	1,715,991.		454,223.	1,261,768.
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	7,977,740.		1,643,605.	6,334,135.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,200,640.		1,200,640.	
9 Other employee benefits	4,330,552.		2,625,376.	1,705,176.
10 Payroll taxes	2,686.		2,686.	
11 Fees for services (non-employees):				
a Management				
b Legal	238,733.	2,728.	235,536.	469.
c Accounting	202,543.		202,543.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	803,476.			803,476.
f Investment management fees	3,487,710.	3,487,710.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,011,636.	538,717.	1,051,629.	421,290.
12 Advertising and promotion	33,710.		2,555.	31,155.
13 Office expenses	2,413,093.	1,164,969.	283,784.	964,340.
14 Information technology	253,956.		211,683.	42,273.
15 Royalties				
16 Occupancy	113,451.	3,040.	68,588.	41,823.
17 Travel	1,189,351.	9,977.	78,713.	1,100,661.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,460,361.	133,229.	82,274.	1,244,858.
20 Interest	82,181.	82,181.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	852,360.	148,910.	644,642.	58,808.
23 Insurance	230,729.	14,871.	215,858.	
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 ENTERTAINMENT	418,582.		13,910.	404,672.
b REPAIRS & MAINTENANCE	407,897.		406,924.	973.
c MISCELLANEOUS	316,236.	217,305.	19,039.	79,892.
d DUES & SUBSCRIPTIONS	183,958.	123,627.	60,331.	
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	155,948,644.	131,948,336.	9,504,539.	14,495,769.
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 <input type="checkbox"/> 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	7,937,421.	1	6,668,831.
	2 Savings and temporary cash investments	10,888,613.	2	16,054,645.
	3 Pledges and grants receivable, net	136,770,957.	3	74,117,143.
	4 Accounts receivable, net	873,413.	4	1,428,154.
	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	26,504.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 79,684,673.		
	b Less: accumulated depreciation	10b 9,127,570.	67,311,006.	10c 70,557,103.
	11 Investments - publicly traded securities	1,125,115.	11	941,988.
	12 Investments - other securities. See Part IV, line 11	1,768,822,296.	12	1,884,172,422.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	41,833,262.	15	49,349,951.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,035,588,587.	16	2,103,290,237.	
Liabilities	17 Accounts payable and accrued expenses	11,298,839.	17	2,782,533.
	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	3,132,593.	23	2,016,100.
	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	55,646,763.	25	105,855,978.
	26 Total liabilities. Add lines 17 through 25	70,078,195.	26	110,654,611.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	238,110,641.	30	114,691,437.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	60,117,396.
	32 Retained earnings, endowment, accumulated income, or other funds	1,727,399,751.	32	1,817,826,793.
33 Total net assets or fund balances	1,965,510,392.	33	1,992,635,626.	
34 Total liabilities and net assets/fund balances	2,035,588,587.	34	2,103,290,237.	

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	148,617,994.
2	Total expenses (must equal Part IX, column (A), line 25)	2	155,948,644.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,330,650.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,965,510,392.
5	Net unrealized gains (losses) on investments	5	113,831,769.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-82,776,224.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,400,339.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,992,635,626.

Part XII Financial Statements and Reporting

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

- 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? _____
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? _____
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? _____
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? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization THE UNIVERSITY OF FLORIDA FOUNDATION, INC.	Employer identification number 59-0974739
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	94,670,312.	157,419,054.	147,342,180.	141,476,848.	134,954,475.	675,862,869.
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	12,254,812.	13,197,489.	13,944,512.	14,195,986.	14,527,269.	68,120,068.
4 Total. Add lines 1 through 3	106,925,124.	170,616,543.	161,286,692.	155,672,834.	149,481,744.	743,982,937.
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)						20,078,058.
6 Public support. Subtract line 5 from line 4.						723,904,879.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	106,925,124.	170,616,543.	161,286,692.	155,672,834.	149,481,744.	743,982,937.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,942,428.	9,525,045.	14,862,142.	14,467,946.	2,662,046.	52,459,607.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,095,969.	6,936,253.	5,703,836.	4,302,856.	3,879,161.	25,918,075.
11 Total support. Add lines 7 through 10						822,360,619.
12 Gross receipts from related activities, etc. (see instructions)					12	

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 2018 (line 6, column (f) divided by line 11, column (f))	14	88.03 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	89.14 %

16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

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

TRANSFERS FROM COMPONENT UNITS, MISC., REUNIONS & EVENTS

2014 AMOUNT: \$ 5,095,969.

2015 AMOUNT: \$ 6,936,253.

2016 AMOUNT: \$ 5,703,836.

2017 AMOUNT: \$ 4,302,856.

2018 AMOUNT: \$ 3,879,161.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization <p style="text-align: center;">THE UNIVERSITY OF FLORIDA FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">59-0974739</p>
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization THE UNIVERSITY OF FLORIDA FOUNDATION, INC.	Employer identification number 59-0974739
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 4,700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 3,283,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 2,974,159.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 29,743,331.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE UNIVERSITY OF FLORIDA FOUNDATION, INC.	Employer identification number 59-0974739
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	SECURITIES <hr/> <hr/> <hr/>	\$ 28,991,581.	10/01/18
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization THE UNIVERSITY OF FLORIDA FOUNDATION, INC.	Employer identification number 59-0974739
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018 Open to Public Inspection

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

Employer identification number 59-0974739

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure). 2. Conservation contribution details (table with 2a-2d). 3. Number of easements modified. 4. Number of states. 5. Written policy question. 6. Staff and volunteer hours. 7. Expenses incurred. 8. Section 170(h)(4)(B) requirements. 9. Reporting requirements.

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.

Form with 2 main sections: 1a. Reporting requirements for works of art, historical treasures, etc. 1b. Amounts relating to these items (revenue, assets). 2. Reporting requirements for financial gain (revenue, assets).

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	
d Additions during the year	
e Distributions during the year	
f Ending balance	

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	1,727,399,751.	1,605,037,361.	1,461,347,379.	1,555,703,098.	1,519,522,419.
b Contributions	53,823,055.	58,785,811.	45,827,771.	33,209,849.	32,960,718.
c Net investment earnings, gains, and losses	116,453,654.	140,709,370.	171,811,218.	-53,255,974.	70,271,543.
d Grants or scholarships	15,777,899.	15,292,042.	14,737,083.	14,722,955.	13,644,827.
e Other expenditures for facilities and programs	43,990,761.	42,390,909.	40,436,584.	40,710,952.	37,841,226.
f Administrative expenses	20,081,007.	19,449,840.	18,775,340.	18,875,687.	15,565,529.
g End of year balance	1,817,826,793.	1,727,399,751.	1,605,037,361.	1,461,347,379.	1,555,709,098.

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 99.94 %
- c Temporarily restricted endowment .06 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		58,527,552.		58,527,552.
b Buildings		7,691,160.	5,405,919.	2,285,241.
c Leasehold improvements				
d Equipment		4,947,352.	3,721,651.	1,225,701.
e Other		8,518,609.		8,518,609.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				70,557,103.

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) COMMINGLED FUNDS	58,568,745.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY	1,825,603,677.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,884,172,422.	

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) ANNUITY & TRUST LIABILITIES	44,921,432.
(3) AMOUNTS INVESTED ON BEHALF OF UF ENTITIES	39,960,159.
(4) DEFERRED MANAGEMENT FEES	1,143,458.
(5) PROJECT COMMITMENT	258,479.
(6) DEFERRED INFLOWS OF RESOURCES: SPLIT-INTEREST	
(7) AGREEMENTS	16,200,319.
(8) DEFERRED INFLOWS OF RESOURCES: EXTERNAL TRUSTS	2,940,048.
(9) DEFERRED INFLOWS OF RESOURCES: PENSION	432,083.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	105,855,978.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	279,650,335.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 113,831,769.		
b	Donated services and use of facilities	2b 14,527,269.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 5,835,630.		
e	Add lines 2a through 2d		2e	134,194,668.
3	Subtract line 2e from line 1		3	145,455,667.
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 3,162,327.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	3,162,327.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	148,617,994.

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	169,748,877.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 14,527,269.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 4,182,300.		
e	Add lines 2a through 2d		2e	18,709,569.
3	Subtract line 2e from line 1		3	151,039,308.
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 3,162,327.		
b	Other (Describe in Part XIII.)	4b 1,747,009.		
c	Add lines 4a and 4b		4c	4,909,336.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	155,948,644.

Part XIII Supplemental Information.

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

PART II, LINE 9:

CONTRIBUTIONS TO THE LAND PRESERVE ARE GENERALLY RECORDED AT THEIR APPRAISED VALUE AT THE DATE OF THE GIFT, AND ARE CONSIDERED BY MANAGEMENT TO BE NON-REVENUE PRODUCING ASSETS. THE VALUE OF THE CONTRIBUTED NON-REVENUE PRODUCING ASSETS IS INCLUDED IN THE STATEMENT OF ACTIVITIES.

PART III, LINE 1A:

THE FOUNDATION OWNS THE COLLECTION OF THE SAMUEL P. HARN MUSEUM OF ART. THESE COLLECTION ITEMS ARE UNDER THE CONTROL OF THE HARN AND THESE ITEMS ARE CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH CONTRIBUTIONS AND PURCHASES SINCE

Part XIII Supplemental Information (continued)

INCEPTION, ARE NOT RECOGNIZED ON THE STATEMENT OF NET POSITION. THE
 FOUNDATION DOES NOT CAPITALIZE ITS PERMANENT COLLECTIONS DUE TO
 ACCREDITATION REQUIREMENTS IMPOSED BY THE AMERICAN ALLIANCE OF MUSEUMS.
 CONTRIBUTED COLLECTION ITEMS ARE RECORDED AS IN-KIND CONTRIBUTIONS AND
 OFFSETTING DECREASES (PROGRAM EXPENSE) IN THE APPROPRIATE NET POSITION
 CLASS. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES (PROGRAM
 EXPENSE) IN THE APPROPRIATE NET POSITION CLASS IN THE YEAR IN WHICH THE
 ITEMS ARE ACQUIRED. PROCEEDS FROM SALES OR INSURANCE RECOVERIES ARE
 REFLECTED AS INCREASES (OTHER REVENUES) IN THE APPROPRIATE NET POSITION
 CLASS.

PART III, LINE 4:

THE ORGANIZATION RECEIVES AND MAY HOLD ART OBJECTS AND OTHER COLLECTIONS,
 INCLUDING ARTIFACTS, BOOKS, MANUSCRIPTS, AND DOCUMENTS, EITHER GIFTED TO
 THE ORGANIZATION FOR THE BENEFIT OF THE UNIVERSITY OF FLORIDA OR ACQUIRED
 WITH FUNDS GIFTED FOR THAT PURPOSE. THESE OBJECTS ARE HELD FOR USE BY THE
 UNIVERSITY'S MUSEUMS AND LIBRARIES IN FURTHERANCE OF THE UNIVERSITY'S
 EDUCATIONAL MISSION.

PART V, LINE 4:

ENDOWMENT FUNDS ARE ESTABLISHED FOR A MULTITUDE OF PURPOSES TO BENEFIT THE
 UNIVERSITY OF FLORIDA. THE REASONS INCLUDE, BUT ARE NOT LIMITED TO,
 PROFESSORSHIPS, SCHOLARSHIPS, RESEARCH, FACILITIES AND GENERAL COLLEGE
 SUPPORT.

PART V, ENDOWMENT FUNDS, SUPPLEMENTAL INFORMATION:

ENDOWMENT NET ASSETS AND ACTIVITY FOR UNIVERSITY OF FLORIDA RELATED
 ENTITIES ARE NOT INCLUDED IN THE SCHEDULE ON PART V SINCE THE ACTIVITY OF

Part XIII Supplemental Information (continued)

THE RELATED ENTITIES IS ELIMINATED AND THE NET ASSETS ARE RECORDED AS A

HELD ON BEHALF LIABILITY. THE ENDOWMENT NET ASSETS INCLUDING THOSE

ENTITIES AT JUNE 30, 2019 IS AS FOLLOWS:

ENDOWMENT NET ASSETS	\$1,817,826,793
HELD ON BEHALF OF UNIVERSITY OF FLORIDA RELATED ENTITIES	7,422,739
TOTAL UNIVERSITY ENDOWMENT	\$1,825,249,532

THE ENDOWMENT NET ASSETS INCLUDING THOSE ENTITIES AT JUNE 30, 2018 IS AS

FOLLOWS:

ENDOWMENT NET ASSETS	\$1,727,399,751
HELD ON BEHALF OF UNIVERSITY OF FLORIDA RELATED ENTITIES	7,261,362
TOTAL UNIVERSITY ENDOWMENT	\$1,734,661,113

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF

THE IRC AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3). HOWEVER, THE

FOUNDATION IS SUBJECT TO INCOME TAX ON UNRELATED BUSINESS INCOME. THE

FOUNDATION'S PRIMARY SOURCE OF UNRELATED BUSINESS INCOME IS FROM CERTAIN

INVESTMENTS IN PRIVATE EQUITY PARTNERSHIPS. FOR THE FISCAL YEAR ENDED JUNE

30, 2019, THE FOUNDATION HAD A NET INCOME TAX REFUND OF \$3,528, WHICH IS

INCLUDED AS AN ADJUSTMENT TO INVESTMENT RETURN IN THE ACCOMPANYING

STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET POSITION.

THE FOUNDATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION

AND IN VARIOUS STATE AND LOCAL JURISDICTIONS. TAX PERIODS OPEN TO

EXAMINATION BY MAJOR TAXING JURISDICTIONS TO WHICH THE FOUNDATION IS

Part XIII Supplemental Information (continued)

SUBJECT INCLUDE FISCAL YEARS ENDED JUNE 30, 2016 THROUGH JUNE 30, 2019.

THE FOUNDATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH U.S. GAAP FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS OF THE FOUNDATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UF ALUMNI ASSOCIATION ACTIVITY REPORTED ON SEPARATE RETURN	2,205,527.
RENTAL EXPENSES NETTED AGAINST RENTAL REVENUE ON PART VIII	229,764.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	2,495,468.
RECLASSIFICATION OF EXPENSE ACCOUNTS ON FINANCIAL STATEMENTS	904,871.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	5,835,630.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UF ALUMNI ASSOCIATION ACTIVITY REPORTED ON SEPARATE RETURN	3,952,536.
RENTAL EXPENSES NETTED AGAINST RENTAL REVENUE ON PART VIII	229,764.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	4,182,300.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TRANSFERS TO THE UF ALUMNI ASSOCIATION NOT SHOWN FOR BOOK PURPOSES	1,747,009.
--	------------

PART XI, LINE 2B - DONATED SERVICES AND USE OF FACILITIES

IN-KIND OCCUPANCY RENT	1,431,505
FUNDRAISERS' SALARIES AND EXPENSES PAID BY THE UNIVERSITY OF FLORIDA	13,095,764

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. 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: RUFFALOCODY

(I) ADDRESS OF FUNDRAISER:

65 KIRKWOOD NORTH ROAD SW, CEDAR RAPIDS, IA 52404

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Employer identification number
59-0974739

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA P.O. BOX 113203 GAINESVILLE, FL 32611	59-6002052		6,691,235.	0.			SCHOLARSHIPS
UNIVERSITY OF FLORIDA P.O. BOX 113203 GAINESVILLE, FL 32611	59-6002052		0.	3,569,716.	APPRAISAL, FMV	NON-CASH DONATIONS OF TANGIBLE PROPERTY	UNIVERSITY PROGRAMS OTHER THAN SCHOLARSHIPS
UNIVERSITY OF FLORIDA P.O. BOX 113203 GAINESVILLE, FL 32611	59-6002052		114013112	0.			UNIVERSITY PROGRAMS OTHER THAN SCHOLARSHIPS
UF ALUMNI ASSOCIATION P.O. BOX 14425 GAINESVILLE, FL 32604	59-2911059	501(C)(3)	1,747,009.	0.			UNIVERSITY PROGRAMS OTHER THAN SCHOLARSHIPS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 2

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Schedule I (Form 990) (2018)

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

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

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

PART I, LINE 2:

THE UNIVERSITY OF FLORIDA FOUNDATION, INC. TRANSFERS SCHOLARSHIP MONIES TO

THE UNIVERSITY OF FLORIDA FINANCIAL AID OFFICE. MONITORING OF THESE FUNDS

IS DONE BY THE UNIVERSITY'S FINANCIAL AID OFFICE.

THE UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION (UFAA) OPERATES AS A UNIT

WITHIN THE UNIVERSITY OF FLORIDA FOUNDATION, INC. THEREFORE, ALL CASH

DISBURSEMENTS FOR THE UFAA ARE SUBJECT TO THE SAME CONTROLS AS THE

UNIVERSITY OF FLORIDA FOUNDATION, INC.

Part IV Supplemental Information

THE UNIVERSITY OF FLORIDA FOUNDATION, INC. TRANSFERS BOTH CASH AND NON-CASH

CONTRIBUTIONS TO SUPPORT THE UNIVERSITY OF FLORIDA, AN AFFILIATED ENTITY.

ALL CONTRIBUTIONS RECEIVED ARE SUBJECT TO THE POLICIES AND PROCEDURES OF

THE UNIVERSITY OF FLORIDA FOUNDATION, INC. AND ARE DEEMED ADEQUATE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Employer identification number 59-0974739

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

5 For persons listed 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?
- b** Any related organization?
- If "Yes" on 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?
- b** Any related organization?
- 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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) W. KENT FUCHS DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	893,802.	35,963.	219,976.	233,437.	19,337.	1,402,515.	0.
(2) JOE GLOVER DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	454,631.	27,531.	109,000.	34,938.	10,302.	636,402.	0.
(3) DIANE MCFARLIN DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	279,631.	11,274.	0.	23,441.	8,588.	322,934.	0.
(4) MIKE V. MCKEE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	318,480.	12,944.	11,480.	75,741.	21,460.	440,105.	0.
(5) DOUG SOLTIS DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	215,838.	7,549.	0.	18,553.	10,616.	252,556.	0.
(6) THOMAS J. MITCHELL EXECUTIVE VICE PRESIDENT	(i)	545,995.	22,712.	213,351.	24,255.	22,947.	829,260.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID M. CHRISTIE TREASURER	(i)	199,479.	8,317.	1,593.	17,478.	20,014.	246,881.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KAREN RICE ASSOCIATE VP	(i)	223,635.	9,454.	9,311.	18,568.	20,638.	281,606.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SUSAN GOFFMAN SECRETARY	(i)	187,287.	7,609.	0.	16,014.	43.	210,953.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JOSEPH A. MANDERNACH ASSOCIATE VP	(i)	256,713.	10,050.	1,925.	20,855.	255.	289,798.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RISE WILSON ASSOCIATE VP	(i)	216,643.	0.	0.	18,759.	18,208.	253,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARIA MARTIN ASSISTANT VP	(i)	196,343.	8,057.	11,544.	17,269.	20,763.	253,976.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) PAUL CASPERSEN ASSISTANT VP	(i)	195,693.	8,261.	11,583.	17,159.	20,052.	252,748.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MARGARET HENDRYX ASSISTANT VP	(i)	184,448.	5,640.	1,440.	15,267.	19,481.	226,276.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JON CANNON EXECUTIVE DIRECTOR	(i)	181,980.	7,518.	0.	15,990.	21,729.	227,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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

FOUNDATION (UFF) 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 UFF 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

* WRITTEN EMPLOYMENT CONTRACT

* COMPENSATION SURVEY OR STUDY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE UNIVERSITY OF FLORIDA FOUNDATION, INC.** Employer identification number **59-0974739**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	45	255,312.	FAIR MARKET VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		82,367.	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	137	13,869,744.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	13	2,662,592.	FAIR MARKET VALUE
16 Real estate - Commercial	X	9	886,000.	FAIR MARKET VALUE
17 Real estate - Other	X	2	443,499.	FAIR MARKET VALUE
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens	X	53	603,893.	FAIR MARKET VALUE
24 Archeological artifacts				
25 Other (EQUIPMENT AND)	X	305	4,170,705.	FAIR MARKET VALUE
26 Other (AUCTION ITEMS)	X	161	22,990.	FAIR MARKET VALUE
27 Other (LIVESTOCK)	X	15	3,177.	FAIR MARKET VALUE
28 Other				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 28

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2018

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF UNIQUE CONTRIBUTIONS RECEIVED.

SCHEDULE M, LINE 32B:

THE FOUNDATION USES AUCTION HOUSES AND THIRD-PARTY BROKERS TO SELL DONATED PROPERTY.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization	THE UNIVERSITY OF FLORIDA FOUNDATION, INC.	Employer identification number	59-0974739
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF THE UNIVERSITY OF FLORIDA FOUNDATION, INC. IS TO
EXCLUSIVELY SUPPORT AND ENHANCE THE UNIVERSITY OF FLORIDA, A
COMPREHENSIVE LEARNING INSTITUTION BUILT ON A LAND-GRANT FOUNDATION, IN
ITS MISSION OF "EXCELLENCE IN EDUCATION AND RESEARCH AND SHAPING A
BETTER FUTURE FOR FLORIDA, THE NATION, AND THE WORLD," AS DETERMINED BY
THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES, BY CREATING AWARENESS,
BUILDING RELATIONSHIPS, SECURING PRIVATE SUPPORT, RECOGNIZING DONORS,
AND PERFORMING ALL BUSINESS-RELATED MATTERS TO ACCOMPLISH THESE
PURPOSES.

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

BETTER FUTURE FOR FLORIDA, THE NATION, AND THE WORLD," AS DETERMINED BY
THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES, BY CREATING AWARENESS,
BUILDING RELATIONSHIPS, SECURING PRIVATE SUPPORT, RECOGNIZING DONORS,
AND PERFORMING ALL BUSINESS-RELATED MATTERS TO ACCOMPLISH THESE
PURPOSES.

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

THE UNIVERSITY OF FLORIDA FOUNDATION, INC. RECEIVES AND ADMINISTERS
PRIVATE SUPPORT FOR THE UNIVERSITY OF FLORIDA FOR RESEARCH FUNDING.
EXPENSES \$ 19,716,723. INCL GRANTS OF \$ 19,505,604. REVENUE \$ 437,280.

THE UNIVERSITY OF FLORIDA FOUNDATION, INC. RECEIVES AND ADMINISTERS
PRIVATE SUPPORT FOR OTHER PURPOSES, INCLUDING, BUT NOT LIMITED TO,
SPECIAL EVENTS, PROJECTS AND PROGRAMS WITH MULTIPLE OR BROAD PURPOSES.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization	THE UNIVERSITY OF FLORIDA FOUNDATION, INC.	Employer identification number 59-0974739
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EXPENSES \$ 11,661,501. INCLUDING GRANTS OF \$ 11,661,501. REVENUE \$ 0.

THE UNIVERSITY OF FLORIDA FOUNDATION, INC. RECEIVES AND ADMINISTERS

PRIVATE SUPPORT FOR THE UNIVERSITY OF FLORIDA TO CONSTRUCT NEW

BUILDINGS AND RENOVATE EXISTING FACILITIES TO ENHANCE THE EDUCATION

EXPERIENCE OF ALL STUDENTS.

EXPENSES \$ 5,967,714. INCLUDING GRANTS OF \$ 5,512,965. REVENUE \$ 93,735

FORM 990, PART VI, SECTION A, LINE 7A:

THE EXECUTIVE BOARD IS COMPOSED OF ELECTED DIRECTORS AND EX-OFFICIO

OFFICERS.

CANDIDATES FOR ELECTED DIRECTORS WILL BE REVIEWED BY THE BOARD NOMINATING

ADVISORY COMMITTEE AND EACH CANDIDATE WILL BE SUBJECT TO CONFIRMATION BY

THE UNIVERSITY PRESIDENT PRIOR TO STANDING FOR ELECTION. THE EXECUTIVE

BOARD WILL ELECT THE DIRECTORS FROM THE CONFIRMED BOARD NOMINATING ADVISORY

COMMITTEE SLATE, SUBJECT TO CONFIRMATION BY THE BOARD OF TRUSTEES BEFORE

THEIR TERM COMMENCES.

THE EX-OFFICIO DIRECTORS ARE FULL VOTING MEMBERS OF THE EXECUTIVE BOARD AND

ARE: ONE APPOINTEE OF THE CHAIR OF THE BOARD OF TRUSTEES OR OF HIS OR HER

DESIGNEE, THE UNIVERSITY PRESIDENT OR HIS OR HER DESIGNEE, TWO MEMBERS

APPOINTED BY THE UNIVERSITY PRESIDENT, THE CHAIR OF THE DEANS/DIRECTORS

DEVELOPMENT COUNCIL, A FACULTY REPRESENTATIVE CHOSEN BY THE EXECUTIVE VICE

PRESIDENT IN CONSULTATION WITH UNIVERSITY AND FACULTY SENATE LEADERSHIP TO

SERVE A TWO-YEAR TERM, THE IMMEDIATE PAST CHAIR OF THE FOUNDATION, AND THE

CHAIRS OF THE FOLLOWING DESIGNATED COMMITTEES:

BOARD NOMINATING, AUDIT, FINANCE, GOVERNANCE, PHILANTHROPY AND DONOR

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

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59-0974739

RELATIONS, AND TALENT MANAGEMENT. THE CHAIRS AND VICE CHAIRS OF EACH OF THE

DESIGNATED COMMITTEES WILL BE REVIEWED BY THE BOARD NOMINATING ADVISORY

COMMITTEE, AND ELECTED BY THE EXECUTIVE BOARD FOR 2 YEAR TERMS FROM THE

BOARD NOMINATING ADVISORY COMMITTEE SLATE

FORM 990, PART VI, SECTION A, LINE 7B:

ALL AMENDMENTS TO THE BYLAWS AND ARTICLES ARE SUBJECT TO APPROVAL BY THE

UNIVERSITY OF FLORIDA BOARD OF TRUSTEES AND THE PRESIDENT. ALL AMENDMENTS

TO THE BYLAWS ARE SUBJECT TO APPROVAL BY THE UNIVERSITY OF FLORIDA BOARD OF

TRUSTEE CHAIR, WITH NOTICE TO THE VICE CHAIR, AND THE PRESIDENT.

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

AS BEST PRACTICES DICTATES, THE IRS FORM 990 WAS REVIEWED AND APPROVED BY

THE AUDIT COMMITTEE PRIOR TO ITS FILING. THE BOARD OF DIRECTORS OFFICIALLY

DELEGATED THE RESPONSIBILITY FOR REVIEWING THE FORM 990 TO THE AUDIT

COMMITTEE BY MOTION ADOPTED BY THE FULL BOARD.

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

THE CONFLICT OF INTEREST PROVISION OF THE FOUNDATION'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 ASSOCIATE VICE

PRESIDENT 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

Name of the organization THE UNIVERSITY OF FLORIDA FOUNDATION, INC.	Employer identification number 59-0974739
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THAT MANAGEMENT IS COMPENSATED FAIRLY AND COMPETITIVELY WHEN COMPARED TO
SIMILAR ROLES IN OTHER UNIVERSITY FOUNDATIONS NATIONALLY. DISCUSSIONS AND
DECISIONS PERTAINING TO MATTERS OF COMPENSATION ARE DOCUMENTED IN
ACCORDANCE WITH UNIVERSITY, FOUNDATION, AND INDUSTRY GUIDELINES.

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

AK, CA, KY, MD, MI, MN, NH, NJ, NY, OH, OR, SC, UT, WA, WI, CO, DC, NV, ME, LA, MA

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

ALL ARE AVAILABLE ON THE UNIVERSITY OF FLORIDA FOUNDATION'S WEBSITE AND
UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION
6104(D).

FORM 990, PART VII, SECTION A, COLUMN E

BOARD MEMBER W. KENT FUCHS IS AN EMPLOYEE OF THE UNIVERSITY OF FLORIDA,
A RELATED ORGANIZATION. HE IS NOT COMPENSATED BY THE UNIVERSITY OF
FLORIDA FOUNDATION NOR DOES HE PERFORM SERVICES FOR THE FOUNDATION AS A
UNIVERSITY EMPLOYEE.

CERTAIN GOVERNMENTAL ENTITIES INCLUDING STATE COLLEGES AND UNIVERSITIES
THAT ARE NOT RECOGNIZED UNDER 501(C) ARE NOT SUBJECT TO SECTION 4960
EXCISE TAX ON EXECUTIVE COMPENSATION. THE UNIVERSITY OF FLORIDA IS A
STATE UNIVERSITY, AND IS NOT CONSIDERED TO BE AN APPLICABLE TAX-EXEMPT
ORGANIZATION UNDER SECTION 4960.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RECLASSIFICATION OF EXPENSE ACCOUNTS ON CONSOLIDATED

Name of the organization	THE UNIVERSITY OF FLORIDA FOUNDATION, INC.	Employer identification number	59-0974739
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FINANCIAL STATEMENTS 904,871.

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 2,495,468.

TOTAL TO FORM 990, PART XI, LINE 9 3,400,339.

FORM 990, PART XI, LINE 8:

PRIOR TO JULY 1, 2018, THE FOUNDATION PRESENTED ITS FINANCIAL STATEMENTS UNDER THE ACCOUNTING AND FINANCIAL REPORTING STANDARDS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB). ON MARCH 11, 2018, THE FLORIDA LEGISLATURE PASSED AND THE GOVERNOR SIGNED INTO LAW CHAPTER 2018-004, LAWS OF FLORIDA, A PROVISION THAT CHANGED SECTION 1004.28, FLORIDA STATUTES, WHICH ADDRESSES UNIVERSITY DIRECT SUPPORT ORGANIZATIONS. WITH THIS CHANGE, THE UNIVERSITY BOARD OF TRUSTEES MUST APPROVE ALL DIRECT SUPPORT ORGANIZATION BOARD MEMBERS. A KEY FACTOR IN DETERMINING WHETHER A DIRECT SUPPORT ORGANIZATION SHOULD REPORT UNDER THE ACCOUNTING STANDARDS OF FASB VERSUS THE GOVERNMENTAL ACCOUNTING STANDARDS BOARD (GASB), IS BOARD CONTROL. WITH THE CHANGE IN THE FLORIDA STATUTE, THE UNIVERSITY HAS CONTROL OF THE FOUNDATION, A DIRECT SUPPORT ORGANIZATION, AND THE FASB REPORTING MODEL IS NO LONGER APPROPRIATE.

NET ASSETS FOR FISCAL YEAR ENDING JUNE 30, 2018 ARE PRESENTED ON 990 PT. X LINES 30-32 TO COMPLY WITH GASB ACCOUNTING AND FINANCIAL REPORTING STANDARDS. TOTAL NET ASSETS UNDER FASB AT JUNE 30, 2018 WERE \$1,965,510,392. THE CONVERSION TO GASB REDUCED NET POSITION AT JUNE 30, 2018 BY \$82,776,224 TO \$1,882,734,168. THE REDUCTION IN NET POSITION WAS DUE TO THE ELIMINATION OF \$78,818,622 OF ENDOWMENT PLEDGES RECEIVABLE, A DECREASE OF \$14,927,864 DUE TO THE RESTATEMENT OF SPLIT-INTEREST AGREEMENTS AND EXTERNAL TRUSTS TO DEFERRED INFLOWS OF RESOURCES UNDER GASB 81 IRREVOCABLE SPLIT-INTEREST AGREEMENTS AND AN

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

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INCREASE OF \$10,970,262 DUE TO THE RESTATEMENT OF THE FASB PENSION

LIABILITY TO A NET PENSION ASSET UNDER GASB 68 ACCOUNTING AND FINANCIAL

REPORTING FOR PENSIONS.

THE REDUCTION IN NET ASSETS DUE TO THE CONVERSION FROM FASB TO GASB IS

REPORTED ON 990 PT. XI, LINE 8 FOR -\$82,776,224.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR SELECTING THE INDEPENDENT AUDITOR HAS REMAINED THE

SAME. THE REQUEST FOR PROPOSAL (RFP) PROCESS WAS EXTENDED TO EVERY TEN

YEARS TO ALIGN WITH THE FIVE YEAR PARTNER ROTATION.

FORM 990, PART V, LINE 2A

THE 335 EMPLOYEES REPORTED ON FORM 990 PART V, LINE 2A, ARE LEGALLY

UNIVERSITY OF FLORIDA EMPLOYEES, BUT 100% OF THEIR TIME IS DEDICATED TO

THE UNIVERSITY OF FLORIDA FOUNDATION. THE UNIVERSITY OF FLORIDA ACTS AS

AN AGENT FOR PAYROLL SERVICES FOR THE FOUNDATION.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **THE UNIVERSITY OF FLORIDA
FOUNDATION, INC.** Employer identification number **59-0974739**

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 P.O. BOX 113203 GAINESVILLE, FL 32611	UNIVERSITY	FLORIDA					X
UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION - 59-2911059, 2012 W. UNIVERSITY AVE., GAINESVILLE, FL 32603	DIRECT SUPPORT ORGANIZATION	FLORIDA	501(C)(3)	LINE 7	UNIVERSITY OF FLORIDA		X
UNIVERSITY ATHLETIC ASSOCIATION, INC. - 59-6002050, P.O. BOX 14485, GAINESVILLE, FL 32604	ATHLETIC PROGRAMS	FLORIDA	501(C)(3)	LINE 5	UNIVERSITY OF FLORIDA		X
UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC. - 59-2729133, P.O. BOX 115500, GAINESVILLE, FL 32611	PROMOTE RESEARCH ACTIVITIES	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		X

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

Schedule R (Form 990) 2018

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
GATORCARE HEALTH MANAGEMENT CORPORATION - 46-1185106, 1329 SW 16TH STREET NO. 2204, GAINESVILLE, FL 32610	HEALTH INSURANCE MANAGEMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		X
FLORIDA FOUNDATION SEED PRODUCERS, INC. - 59-0931036, P.O. BOX 309, GREENWOOD, FL 32443	AGRICULTURE	FLORIDA	501(C)(3)	LINE 5	UNIVERSITY OF FLORIDA		X
UNIVERSITY OF FLORIDA DEVELOPMENT CORPORATION - 35-2427022, P.O. BOX 113135, GAINESVILLE, FL 32611	INNOVATION	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		X
GATOR BOOSTERS, INC. - 59-0737883 P.O. BOX 13796 GAINESVILLE, FL 32604	ATHLETICS SUPPORT	FLORIDA	501(C)(3)	LINE 5	UNIVERSITY OF FLORIDA		X
CITRUS RESEARCH AND DEVELOPMENT FOUNDATION, INC. - 26-4825142, 700 EXPERIMENT STATION ROAD, LAKE ALFRED, FL 33850	AGRICULTURAL RESEARCH	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		X
FLORIDA 4-H CLUB FOUNDATION, INC. - 59-1000186, 1604 MCCARTY DRIVE NO. 1040, GAINESVILLE, FL 32611	YOUTH PROGRAMS	FLORIDA	501(C)(3)	LINE 7	UNIVERSITY OF FLORIDA		X
UNIVERSITY OF FLORIDA LEADERSHIP AND EDUCATION FOUNDATION, INC. - 59-3104978, P.O. BOX 110750, GAINESVILLE, FL 32611	AGRICULTURE EDUCATION	FLORIDA	501(C)(3)	LINE 10	UNIVERSITY OF FLORIDA		X
UNIVERSITY OF FLORIDA INVESTMENT CORPORATION - 20-1226494, 800 SW 2ND AVENUE, THIRD FLOOR, GAINESVILLE, FL 32601	INVESTMENT MANAGEMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		X
UF HISTORIC ST AUGUSTINE, INC. - 27-4751236 P.O. BOX 115350 GAINESVILLE, FL 32611	PROPERTY PRESERVATION	FLORIDA	501(C)(3)	LINE 7	UNIVERSITY OF FLORIDA		X
SOUTHWEST FLORIDA RESEARCH AND EDUCATION FOUNDATION, INC. - 65-0325899, 2686 STATE ROAD 29 NORTH, IMMOKALEE, FL 34142	RESEARCH SUPPORT	FLORIDA	501(C)(3)	LINE 10	UNIVERSITY OF FLORIDA		X
CATTLE ENHANCEMENT BOARD, INC. - 81-2582655 800 SHAKERAG ROAD KISSIMMEE, FL 34744	CATTLE RESEARCH	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FLORIDA PRIVATE INVESTMENTS FUND, LP - 27-0277240, 800 SW 2ND AVENUE, THIRD FLOOR, GAINESVILLE, FL 32601	INVESTMENT IN OTHER ENTITIES	DE	UNIVERSITY OF FLORIDA INVESTMENT CORPORATION	EXCLUDED FROM TAX	0.	0.		X	N/A		X	
FLORIDA LONG TERM POOL FUND, LP - 27-0277090, 800 SW 2ND AVENUE, THIRD FLOOR, GAINESVILLE, FL 32601	INVESTMENT IN OTHER ENTITIES	DE	UNIVERSITY OF FLORIDA INVESTMENT CORPORATION	EXCLUDED FROM TAX	0.	0.		X	N/A		X	
FLORIDA SHORT-TERM POOL FUND, LP - 27-0276790, 800 SW 2ND AVENUE, THIRD FLOOR, GAINESVILLE, FL 32601	INVESTMENT IN OTHER ENTITIES	DE	UNIVERSITY OF FLORIDA INVESTMENT CORPORATION	EXCLUDED FROM TAX	0.	0.		X	N/A		X	
FLORIDA GLOBAL EQUITY FUND, LLC - 27-0276884, 800 SW 2ND AVENUE, THIRD FLOOR, GAINESVILLE, FL 32601	INVESTMENT IN OTHER ENTITIES	DE	UNIVERSITY OF FLORIDA INVESTMENT CORPORATION	EXCLUDED FROM TAX	0.	0.		X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (92)	SUPPORT	FL		TRUST					X
POOLED INCOME FUND (2)	SUPPORT	FL		TRUST					X
CHARITABLE LEAD TRUST (1)	SUPPORT	FL		TRUST					X
CHARITABLE REMAINDER TRUST (1)	SUPPORT	TX		TRUST					X
CHARITABLE REMAINDER TRUSTS (2)	SUPPORT	NY		TRUST					X

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY OF FLORIDA	B	124,274,063.	FMV
(2) UNIVERSITY OF FLORIDA	C	4,938,642.	FMV
(3) UNIVERSITY OF FLORIDA	E	-16,493.	FMV
(4) UNIVERSITY OF FLORIDA	E	30,732,137.	FMV
(5) UNIVERSITY OF FLORIDA	J	212,542.	FMV
(6) UNIVERSITY OF FLORIDA	K	1,431,505.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) UNIVERSITY OF FLORIDA	o	13,095,764.	FMV
(8) UNIVERSITY OF FLORIDA	Q	-238,642.	FMV
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information.

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

FLORIDA PRIVATE INVESTMENTS FUND, LP

DIRECT CONTROLLING ENTITY: UNIVERSITY OF FLORIDA INVESTMENT CORPORATION

NAME OF RELATED ORGANIZATION:

FLORIDA LONG TERM POOL FUND, LP

DIRECT CONTROLLING ENTITY: UNIVERSITY OF FLORIDA INVESTMENT CORPORATION

NAME OF RELATED ORGANIZATION:

FLORIDA SHORT-TERM POOL FUND, LP

DIRECT CONTROLLING ENTITY: UNIVERSITY OF FLORIDA INVESTMENT CORPORATION

NAME OF RELATED ORGANIZATION:

FLORIDA GLOBAL EQUITY FUND, LLC

DIRECT CONTROLLING ENTITY: UNIVERSITY OF FLORIDA INVESTMENT CORPORATION

NAME OF RELATED ORGANIZATION:

FLORIDA GLOBAL FIXED INCOME FUND, LLC

DIRECT CONTROLLING ENTITY: UNIVERSITY OF FLORIDA INVESTMENT CORPORATION

NAME OF RELATED ORGANIZATION:

FLORIDA HEDGED STRATEGIES FUND, LLC

DIRECT CONTROLLING ENTITY: UNIVERSITY OF FLORIDA INVESTMENT CORPORATION

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

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE UNIVERSITY OF FLORIDA FOUNDATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 14425</p> <p>City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE, FL 32604</p>	<p>D Employer identification number (Employees' trust, see instructions.) 59-0974739</p> <p>E Unrelated business activity code (See instructions.) 525990</p>
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<p>C Book value of all assets at end of year <u>2,103,290,237.</u></p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
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H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **UNRELATED PASSIVE INCOME ACTIVITIES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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 a partnership or an S corporation (attach statement)	5	STMT 1	-6,612,059.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule 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		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13		-6,612,059.

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		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule) (see instructions)	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		0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-6,612,059.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32 Unrelated business taxable income. Subtract line 31 from line 30	32		-6,612,059.

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-6,612,059.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	-6,612,059.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-6,612,059.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	51,726.
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	51,726.
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

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

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	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
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 _____ **TREASURER** Title _____

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JULIANA KREUL				P01204534
	Firm's name RSM US LLP	7351 OFFICE PARK PL.		Firm's EIN 42-0714325	
	Firm's address MELBOURNE, FL 32940-8229	Phone no. 321-751-6200			

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		
3 Cost of labor	3			7	
4a Additional section 263A costs (attach 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				

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%)	(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.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

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

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

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

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

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			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)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

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

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

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
FLORIDA LONG TERM POOL FUND, LP NET UBI - ORDINARY BUSINESS INCOME (LOSS)	-6,612,059.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-6,612,059.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/10	3,517,937.	3,517,937.	0.	0.
06/30/14	4,390,032.	2,614,538.	1,775,494.	1,775,494.
06/30/15	5,190,287.	0.	5,190,287.	5,190,287.
06/30/16	6,500,489.	0.	6,500,489.	6,500,489.
06/30/17	4,003,892.	0.	4,003,892.	4,003,892.
06/30/18	2,080,706.	0.	2,080,706.	2,080,706.
NOL CARRYOVER AVAILABLE THIS YEAR			19,550,868.	19,550,868.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. THE UNIVERSITY OF FLORIDA FOUNDATION, INC.	Employer identification number (EIN) or 59-0974739
File by the due date for filing your return. See instructions.	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 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
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

DAVID CHRISTIE

- The books are in the care of ▶ 1938 W. UNIVERSITY AVENUE - GAINESVILLE, FL 32603
Telephone No. ▶ 352-392-5475 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a 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.	3a	\$	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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.