

PUBLIC DISCLOSURE COPY

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 14425  City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE, FL 32604  <b>F</b> Name and address of principal officer: <b>MATT HODGE</b> SAME AS C ABOVE	<b>D</b> Employer identification number  59-2911059  <b>E</b> Telephone number  352-392-5475  <b>G</b> Gross receipts \$ <b>3,728,445.</b>  <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶ <b>8591</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.UFALUMNI.UFL.EDU</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1960</b>
		<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b> 48
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b> 45
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) .....	<b>5</b> 31
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b> 822
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b> 90,486.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 38 .....	<b>7b</b> -8,320.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year 2,072,748. Current Year 2,911,152.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	15,907. 45,507.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	0. 0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	1,112,614. 769,764.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	3,201,269. 3,726,423.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		0. 0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		1,428,860. 1,481,976.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		0. 0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,186.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		1,772,184. 2,242,241.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	3,201,269. 3,726,423.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	0. 0.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year 0. End of Year 0.
	<b>21</b> Total liabilities (Part X, line 26) .....	0. 0.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	0. 0.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer MATT HODGE, EXECUTIVE DIRECTOR Type or print name and title	Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JULIANA KREUL	Preparer's signature 
	Firm's name ▶ RSM US LLP Firm's address ▶ 7351 OFFICE PARK PL. MELBOURNE, FL 32940-8229	Date 05/13/2020
		Check if self-employed <input type="checkbox"/> PTIN P01204534 Firm's EIN ▶ 42-0714325 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 ALUMNI ASSOCIATION, INC.  
("ASSOCIATION") IS TO EXCLUSIVELY SUPPORT AND ENHANCE THE MISSION OF  
THE UNIVERSITY OF FLORIDA ("UNIVERSITY") OF PURSUING "EXCELLENCE IN  
(SEE SCHEDULE O FOR CONTINUATION)

**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 \$ 1,275,517. including grants of \$ 2,206. ) (Revenue \$ 253,149. )  
THE ALUMNI ASSOCIATION IS A MEMBERSHIP ORGANIZATION, AND SPONSORS A  
WIDE ARRAY OF SPECIAL EVENTS AND REUNIONS ATTRACTING TENS OF THOUSANDS  
OF PARTICIPANTS THAT FORGE A GREATER CONNECTION BETWEEN FORMER STUDENTS  
AND THEIR ALMA MATER. SOME OF THE MAJOR EVENTS AND REUNIONS INCLUDE  
GATOR NATION TAILGATE PRIOR TO ALL HOME FOOTBALL GAMES, POST SEASON  
ATHLETIC RELATED EVENTS, 50TH AND 25TH YEAR REUNION PROGRAMS AND MANY  
OTHER TARGETED SPECIAL EVENTS.

**4b** (Code: ) (Expenses \$ 1,075,786. including grants of \$ ) (Revenue \$ 90,486. )  
THE ALUMNI ASSOCIATION DEVELOPS PUBLICATIONS TO COMMUNICATE INFORMATION  
SUPPORTING THE ROLE OF UF AS A STATEWIDE AND NATIONWIDE RESOURCE.  
APPROXIMATELY 103,086 COPIES OF THE FLORIDA GATOR MAGAZINE WERE  
DISTRIBUTED DURING THE FISCAL YEAR. THE ALUMNI ASSOCIATION ALSO  
DEVELOPS PROGRAMS THAT IDENTIFY AND ATTRACT STUDENTS AND ENCOURAGE  
SCHOLARSHIPS FOR SUCH STUDENTS.

**4c** (Code: ) (Expenses \$ 795,887. including grants of \$ ) (Revenue \$ )  
THE ALUMNI ASSOCIATION SUPPORTS 96 GATOR CLUBS AND 8 AFFILIATE  
ORGANIZATIONS AROUND THE GLOBE. THESE CLUBS RAISE SCHOLARSHIPS FOR UF  
STUDENTS, ARE INVOLVED IN COMMUNITY SERVICE AND SPONSOR A WIDE RANGE OF  
PROGRAMMING FROM CAREER NETWORKING TO OPPORTUNITIES TO CHEER ON THE  
GATORS THROUGH VIEWING GATHERINGS.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 282,988. including grants of \$ 0. ) (Revenue \$ 0. )

**4e** Total program service expenses **▶** 3,430,178.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>1c</b> 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
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		31
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
	11a		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
<b>c</b>	Enter the amount of reserves on hand		
	13c		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	14b		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 48		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....		
	<b>1b</b> 45		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (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) MATT HODGE EXECUTIVE DIRECTOR & SECRETARY	40.00	X		X				218,404.	0.	26,655.
(2) BRIAN D. BURGOON PRESIDENT	1.00	X		X				0.	0.	0.
(3) MARK J. CRISER VICE PRESIDENT	1.00	X		X				0.	0.	0.
(4) KATRINA D. ROLLE PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(5) KAREN UNGER IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(6) KRISTEN CARTER PRESIDENTIAL APPOINTEE	1.00	X		X				0.	0.	0.
(7) BARBARA P. TILMAN PRESIDENTIAL APPOINTEE	1.00	X		X				0.	0.	0.
(8) ASHTON E. ADLER DIRECTOR	1.00	X						0.	0.	0.
(9) J. CARTER ANDERSEN DIRECTOR	1.00	X						0.	0.	0.
(10) BRIANA BAZAIL DIRECTOR	1.00	X						0.	0.	0.
(11) REBECCA BROCK DIRECTOR	1.00	X						0.	0.	0.
(12) JASON T. BRODEUR DIRECTOR	1.00	X						0.	0.	0.
(13) STEPHEN BUNCH DIRECTOR	1.00	X						0.	0.	0.
(14) CHRISTOPHER L. CARMODY DIRECTOR	1.00	X						0.	0.	0.
(15) RENEE H. DABBS DIRECTOR	1.00	X						0.	0.	0.
(16) JAQUELINE M. DAVISON DIRECTOR	1.00	X						0.	0.	0.
(17) BOBBY D. DUBOSE 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) JUAN C. ENJAMIO DIRECTOR	1.00	X						0.	0.	0.
(19) W. KENT FUCHS DIRECTOR	1.00 41.00	X						0.	1,149,741.	252,774.
(20) JESSICA FURST JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(21) JAMES E. GADSBY DIRECTOR	1.00	X						0.	0.	0.
(22) GORDON GLOVER DIRECTOR	1.00	X						0.	0.	0.
(23) IAN GREEN DIRECTOR	1.00	X						0.	0.	0.
(24) JESS JOAQUIN JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(25) SUNIL N. JOSHI DIRECTOR	1.00	X						0.	0.	0.
(26) LANCE A. KARP DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								218,404.	1,149,741.	279,429.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	782,058.	47,202.
<b>d Total (add lines 1b and 1c)</b>								218,404.	1,931,799.	326,631.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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
KEITH WATSON PRODUCTIONS INC 350 NW 39TH AVENUE, GAINESVILLE, FL 32609	PRODUCTION SERVICES	142,425.
TARGET COPY OF GAINESVILLE INC PO BOX 13955, GAINESVILLE, FL 32604	PRINTING AND PUBLICATIONS	112,618.

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 2

SEE PART VII, SECTION A CONTINUATION SHEETS

<b>Part VII</b> Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KRISTINE M. LAMBERT DIRECTOR	1.00	X					0.	0.	0.	
(28) KEVIN M. MAYEUX DIRECTOR	1.00	X					0.	0.	0.	
(29) THOMAS J. MITCHELL DIRECTOR	1.00 40.00	X					0.	782,058.	47,202.	
(30) JOCELYN M. MOORE DIRECTOR	1.00	X					0.	0.	0.	
(31) TREY MUELLER DIRECTOR	1.00	X					0.	0.	0.	
(32) RYAN MURTAGH DIRECTOR	1.00	X					0.	0.	0.	
(33) MARSHA D. POWERS DIRECTOR	1.00	X					0.	0.	0.	
(34) KEVIN REILLY DIRECTOR	1.00	X					0.	0.	0.	
(35) AMANDA L. ROBINSON DIRECTOR	1.00	X					0.	0.	0.	
(36) OSCAR SANCHEZ DIRECTOR	1.00	X					0.	0.	0.	
(37) PRINEET SHARMA DIRECTOR	1.00	X					0.	0.	0.	
(38) JAMAL SOWELL DIRECTOR	1.00	X					0.	0.	0.	
(39) LORI SPIVEY DIRECTOR	1.00	X					0.	0.	0.	
(40) AMY SUMMERS DIRECTOR	1.00	X					0.	0.	0.	
(41) M. SCOTT THOMAS DIRECTOR	1.00	X					0.	0.	0.	
(42) LARRY TYREE DIRECTOR	1.00	X					0.	0.	0.	
(43) DAVID W. USLAN DIRECTOR	1.00	X					0.	0.	0.	
(44) JOSHUA B. WEINGARD DIRECTOR	1.00	X					0.	0.	0.	
(45) BETTINA WEISS DIRECTOR	1.00	X					0.	0.	0.	
(46) HOMER "SCOOTER" WILLIS DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>	1,122,358.			
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>	1,747,009.			
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	41,785.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....		2,911,152.			
<b>Program Service Revenue</b>	<b>2 a</b> MEMBERSHIP ACTIVITIES	<b>Business Code</b> 900099	45,507.	45,507.		
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....		45,507.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....					
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....		471,636.			471,636.
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	2,022.			
	<b>c</b> Net income or (loss) from sales of inventory .....		-2,022.	-2,022.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> OTHER	OTHER	900099	209,664.	209,664.		
	<b>b</b> ADVERTISING	ADVERTISING	541800	90,486.	90,486.	
		.....				
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....		300,150.			
<b>12 Total revenue.</b> See instructions .....		3,726,423.	253,149.	90,486.	471,636.	

**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  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,206.	2,206.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	251,862.	75,559.	151,117.	25,186.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	894,093.	894,093.		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	332,494.	332,494.		
<b>10</b> Payroll taxes .....	3,527.	3,527.		
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	436,143.	433,436.	2,707.	
<b>12</b> Advertising and promotion .....	4,776.	4,776.		
<b>13</b> Office expenses .....	625,059.	511,664.	113,395.	
<b>14</b> Information technology .....	3,192.	3,192.		
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	451.	451.		
<b>17</b> Travel .....	54,362.	54,362.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	529,414.	527,549.	1,865.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....				
<b>24</b> 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.)				
<b>a</b> AWARDS AND COMMENDATION	323,863.	323,863.		
<b>b</b> DUES & SUBSCRIPTIONS	50,552.	48,577.	1,975.	
<b>c</b> INCOME TAX EXPENSE	720.	720.		
<b>d</b> _____				
<b>e</b> All other expenses _____	213,709.	213,709.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,726,423.	3,430,178.	271,059.	25,186.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

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

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,726,423.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,726,423.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	0.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	0.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	0.

**Part XII Financial Statements and Reporting**

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

- 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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		





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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,311,995.	3,166,213.	2,179,111.	2,072,748.	2,911,152.	13,641,219.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...	263,552.	224,091.	224,091.	224,091.	224,091.	1,159,916.
<b>4 Total.</b> Add lines 1 through 3 .....	3,575,547.	3,390,304.	2,403,202.	2,296,839.	3,135,243.	14,801,135.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						14,801,135.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	3,575,547.	3,390,304.	2,403,202.	2,296,839.	3,135,243.	14,801,135.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	694,403.	822,219.	984,303.	464,556.	471,636.	3,437,117.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...	30,249.	24,203.	20,611.	0.	0.	75,063.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	109,714.	316,305.	234,134.	430,159.	209,664.	1,299,976.
<b>11 Total support.</b> Add lines 7 through 10						19,613,291.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	385,690.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	75.46 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	73.58 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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**

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

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

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

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

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

OTHER INCOME

2014 AMOUNT: \$ 109,714.

2015 AMOUNT: \$ 316,305.

2016 AMOUNT: \$ 234,134.

2017 AMOUNT: \$ 430,159.

2018 AMOUNT: \$ 209,664.

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

# 2018

Name of the organization

UNIVERSITY OF FLORIDA ALUMNI  
ASSOCIATION, INC.

Employer identification number

59-2911059

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

### General Rule

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

### Special Rules

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

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

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

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



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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,747,009.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,861,478.	13,416,931.	11,806,888.	12,079,800.	11,336,196.
b Contributions	579,183.	911,201.	818,167.	707,932.	743,986.
c Net investment earnings, gains, and losses	1,002,054.	1,182,424.	1,403,931.	-389,992.	513,112.
d Grants or scholarships	519,126.	485,292.	457,611.	441,758.	394,995.
e Other expenditures for facilities and programs	0.				
f Administrative expenses	175,205.	163,786.	154,444.	149,094.	118,499.
g End of year balance	15,748,384.	14,861,478.	13,416,931.	11,806,888.	12,079,800.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .00 %
  - b Permanent endowment  100.00 %
  - c Temporarily restricted endowment  .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) unrelated organizations  |     | X  |
| (ii) related organizations   | X   |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | X   |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	3,952,536.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	224,091.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	224,091.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,728,445.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-2,022.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-2,022.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	3,726,423.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	3,952,536.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	224,091.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	2,022.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	226,113.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,726,423.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	3,726,423.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

THIS ENDOWMENT IS FOR ALUMNI ASSOCIATION LIFE MEMBERSHIPS AND THE EARNINGS

ARE USED TO SUPPORT ALUMNI ASSOCIATION PROGRAMS AND ACTIVITIES.

PART X, LINE 2:

THE UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION HAS REVIEWED AND EVALUATED

THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE

WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF

AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED

THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL

IMPACT ON THE FINANCIAL STATEMENTS OF THE ALUMNI ASSOCIATION.

**Part XIII** Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COGS INCLUDED ON LINE 10B OF PART VIII AND IN EXPENSES FOR -2,022.

FINANCIAL STATEMENT PURPOSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS INCLUDED ON LINE 10B OF PART VIII AND IN EXPENSES FOR 2,022.

FINANCIAL STATEMENT PURPOSES



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization: UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.  
 Employer identification number: 59-2911059

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 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) MATT HODGE EXECUTIVE DIRECTOR & SECRETARY	(i)	208,156.	8,600.	1,648.	17,016.	9,639.	245,059.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) 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.
(3) THOMAS J. MITCHELL DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	754,995.	22,712.	4,351.	24,255.	22,947.	829,260.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

PRIVATE AIRCRAFT ARE USED, AS APPROPRIATE, WHEN UNIVERSITY OF FLORIDA

ALUMNI ASSOCIATION (UFAA) LEADERSHIP NEED TO MAKE A BUSINESS TRIP WHEN THE

TIMING OR LOCATION NECESSITATES THE USE OF SUCH PLANES.

TRAVEL IS PROVIDED, ON FUNDRAISING TRIPS, FOR COMPANIONS OF UFAA LEADERSHIP

WHEN A BONA FIDE BUSINESS PURPOSE EXISTS.

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

II.

PART I, LINE 3:

THE UNIVERSITY OF FLORIDA, A RELATED ORGANIZATION, USES THE FOLLOWING

METHODS TO ESTABLISH THE COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE

DIRECTOR:

\*INDEPENDENT COMPENSATION CONSULTANT

\*COMPENSATION SURVEY OR STUDY

PART I, LINE 7:

**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.

EXECUTIVE DIRECTOR MATT HODGE RECEIVED A MERIT POOL INCREASE BASED ON AN  
ANNUAL EMPLOYEE APPRAISAL.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

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

THE UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC. IS A NOT-FOR-PROFIT ORGANIZATION WHOSE PURPOSE IS TO FOSTER AND ENHANCE THE RELATIONSHIPS BETWEEN THE UNIVERSITY OF FLORIDA, ITS ALUMNI, STUDENTS, FRIENDS, AND POTENTIAL STUDENTS, AND TO SUPPORT THE TEACHING, RESEARCH, AND SERVICE MISSION OF THE UNIVERSITY OF FLORIDA THROUGH EDUCATION, EVENTS, AND OUTREACH.

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

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. THE ASSOCIATION STRENGTHENS THE GATOR NATION BY INVOLVING AND ENGAGING ITS ALUMNI, STUDENTS AND FRIENDS THEREBY FOSTERING PRIDE, PARTICIPATION AND PHILANTHROPY, AND PERFORMING ALL BUSINESS-RELATED MATTERS TO ACCOMPLISH THESE PURPOSES.

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

UF ALUMNI ASSOCIATION MEMBERSHIP IS ALSO AVAILABLE TO UNIVERSITY OF FLORIDA STUDENTS THROUGH THE STUDENT MEMBERSHIP PROGRAM. THE STUDENT ALUMNI GROUP IS THE LARGEST IN THE COUNTRY AND THE SPECIAL EVENTS AND PROGRAMS OFFERED THROUGH UFAA APPEAL TO THOUSANDS OF UF STUDENTS. SOME MAJOR EVENTS AND MEMBERSHIP BENEFITS INCLUDE BEAT T-SHIRTS, THE GATOR RUN, TRADITION KEEPERS PROGRAM, AND THE CORRESPONDING F BOOK, FRESHMEN WELCOME RECEPTION AND GRAD BASH.

EXPENSES \$ 282,988. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.	Employer identification number 59-2911059
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FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS WILL CONSIST OF THE FOLLOWING DIRECTORS:

A. EX-OFFICIO DIRECTORS SERVING TERMS CORRESPONDING TO THE OFFICES THEY

HOLD: THE PRESIDENT OF THE UNIVERSITY OR DESIGNEE, ONE REPRESENTATIVE OF

THE BOARD OF TRUSTEES APPOINTED BY THE CHAIR OF THE BOARD OF TRUSTEES OR

UNIVERSITY PRESIDENT AS A DESIGNEE, A REPRESENTATIVE OF THE FACULTY OF THE

UNIVERSITY APPOINTED BY THE PRESIDENT OF THE UNIVERSITY, THE PRESIDENT OF

THE CICERONES/STUDENT ALUMNI ASSOCIATION, AND THE UNIVERSITY STUDENT BODY

PRESIDENT; AND THE ELECTED OFFICERS OF THE ASSOCIATION ("ELECTED OFFICERS")

SERVING TERMS CORRESPONDING TO THE OFFICES THEY HOLD: THE PRESIDENT,

PRESIDENT-ELECT AND VICE PRESIDENT, AND ANY OTHER OFFICERS ELECTED BY THE

BOARD OF DIRECTORS;

B. THE IMMEDIATE PAST PRESIDENT OF THE ASSOCIATION;

C. UP TO TWO ASSOCIATION PRESIDENTIAL APPOINTEES, WHO ARE LIFE MEMBERS

APPOINTED BY THE PRESIDENT SERVING ONE-YEAR TERMS; AND

D. UP TO 37 ELECTED DIRECTORS, WHO ARE LIFE MEMBERS NOMINATED BY THE

NOMINATING COMMITTEE AND ELECTED BY THE BOARD OF DIRECTORS TO SERVE

TWO-YEAR TERMS. EACH CANDIDATE (INCLUDING THOSE NOMINATED TO SERVE AS

PRESIDENT-ELECT AND VICE PRESIDENT) MUST BE A LIFE MEMBER OF THE

ASSOCIATION, AND WILL BE SUBJECT TO CONFIRMATION BY THE UNIVERSITY

PRESIDENT PRIOR TO STANDING FOR ELECTION. THE BOARD WILL ELECT THE

DIRECTORS FROM THE CONFIRMED NOMINATING 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 PRESIDENT.

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

Name of the organization UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.	Employer identification number 59-2911059
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UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION (UFAA) FINANCIAL MANAGEMENT IS THE

RESPONSIBILITY OF THE UNIVERSITY OF FLORIDA FOUNDATION, INC (UFF), IN

ACCORDANCE WITH POLICIES SET BY THE UFAA AND UFF BOARDS. FORM 990 WAS

REVIEWED AND APPROVED BY THE UFF AUDIT COMMITTEE PRIOR TO ITS FILING. THE

UFAA PRESIDENT IS AN EX-OFFICIO VOTING MEMBER OF THE UFF AUDIT COMMITTEE.

FORM 990, PART V, LINE 2A

THE 31 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 ALUMNI ASSOCIATION. THE UNIVERSITY OF FLORIDA

ACTS AS AN AGENT FOR PAYROLL SERVICES FOR THE ALUMNI ASSOCIATION.

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

THE CONFLICT OF INTEREST PROVISION IN THE ORGANIZATION'S BYLAWS REQUIRES

DISCLOSURE OF CONFLICTS. AT THE BEGINNING OF EACH FISCAL YEAR, DISCLOSURE

FORMS ARE SENT TO EACH DIRECTOR AND OFFICER. ANY RESPONSES INDICATING A

POSSIBLE CONFLICT ARE REVIEWED BY LEGAL COUNSEL AND THE EXECUTIVE DIRECTOR

TO DETERMINE WHETHER FURTHER ACTION IS NECESSARY.

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

COMPENSATION FOR MANAGEMENT IS REVIEWED AND SET BY THE PRESIDENT OF THE

UNIVERSITY OF FLORIDA, OR HIS DESIGNEE, IN ACCORDANCE WITH THE UNIVERSITY'S

POLICIES. THESE POLICIES REQUIRE THAT COMPARABLE DATA BE USED TO DETERMINE

THAT MANAGEMENT IS COMPENSATED FAIRLY AND COMPETITIVELY WHEN COMPARED TO

SIMILAR ROLES IN OTHER UNIVERSITY FOUNDATIONS NATIONALLY. DISCUSSIONS AND

DECISIONS PERTAINING TO MATTERS OF COMPENSATION ARE DOCUMENTED IN

ACCORDANCE WITH UNIVERSITY, FOUNDATION, AND INDUSTRY GUIDELINES.

Name of the organization UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.	Employer identification number 59-2911059
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FORM 990, PART VI, SECTION C, LINE 18:

THE UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION'S FORM 990 AND 990-T ARE AVAILABLE ON THE UNIVERSITY OF FLORIDA FOUNDATION, INC.'S WEBSITE. IN ADDITION, A COPY WILL BE MADE AVAILABLE UPON REQUEST. THE 1023 IS AVAILABLE UPON REQUEST.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE UNIVERSITY OF FLORIDA FOUNDATION'S WEBSITE AND UPON REQUEST FOR THE SAME PERIOD OF DISLOSURE 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 ALUMNI ASSOCIATION NOR DOES HE PERFORM SERVICES FOR THE ALUMNI ASSOCIATION 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 IX, LINE 11G, OTHER FEES:

CONTRACTURAL SERVICES - GENERAL:



Name of the organization	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.	Employer identification number	59-2911059
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PROGRAM SERVICE EXPENSES 381,739.

MANAGEMENT AND GENERAL EXPENSES 2,384.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 384,123.

CONSULTING FIRMS:

PROGRAM SERVICE EXPENSES 51,697.

MANAGEMENT AND GENERAL EXPENSES 323.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 52,020.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 436,143.

FORM 990, PART XII, LINE 2C

THE PROCESS FOR SELECTING THE INDEPENDENT AUDITOR HAS REMAINED

CONSISTENT FROM THE PRIOR YEAR.

FORM 990, PART IX, LINE 9

THE ORGANIZATION PAYS A FRINGE BENEFIT POOL RATE ON ALL SALARIES FOR

BENEFITS AND PAYROLL TAXES. THIS FULL AMOUNT IS BEING REPORTED ON LINE

9 FOR OTHER EMPLOYEE BENEFITS.

FORM 990, PART IX, LINE 24 E

THE ACTIVITY FOR THE RELATED ORGANIZATION, ASSOCIATION OF BLACK ALUMNI

(EIN: 59-3470419), HAS BEEN INCLUDED IN THE ACTIVITY FOR THE

ORGANIZATION.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNIVERSITY OF FLORIDA - 59-6002052 PO BOX 113203 GAINESVILLE, FL 32611	UNIVERSITY	FLORIDA					X
UNIVERSITY OF FLORIDA FOUNDATION, INC. - 59-0974739, P.O. BOX 14425, GAINESVILLE, FL 32604	DIRECT SUPPORT ORGANIZATION	FLORIDA	501(C)(3)	LINE 7	UNIVERSITY OF FLORIDA		X
ALAMO CITY GATOR CLUB - 59-3333764 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
ALOHA (HULA) GATOR CLUB - 20-1440146 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		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
ASSOCIATION OF BLACK ALUMNI - 59-3470419 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
ASSOCIATION OF HISPANIC ALUMNI - 59-3456222 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
ASSOCIATION OF LGBT ALUMNI - 38-3957327 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
ATLANTA GATOR CLUB - 59-0801218 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
BALTIMORE GATOR CLUB - 38-3916991 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
BATON ROUGE GATOR CLUB - 37-1517148 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
BIG LAKE GATOR CLUB - 59-2980249 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
BIRMINGHAM GATOR CLUB - 59-2980262 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
BLUE RIDGE GATOR CLUB - 59-3333515 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
BLUEGRASS GATOR CLUB - 59-3459256 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
BROWARD COUNTY GATOR CLUB - 65-0081890 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CAPITAL AREA GATOR CLUB - 59-2916572 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CENTRAL FLORIDA GATOR CLUB - 59-2916566 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CHARLESTON GATOR CLUB - 57-0896008 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CHARLOTTE COUNTY GATOR CLUB - 59-3025196 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CHARLOTTE GATOR CLUB - 56-1665540 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CHATTANOOGA GATOR CLUB - 59-3419592 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CINCINNATI GATOR CLUB - 59-3110422 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CITRUS COUNTY GATOR CLUB - 59-3105670 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CLAY COUNTY GATOR CLUB - 59-3452531 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
COLUMBIA GATOR CLUB - 57-0896009 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
CONNECTICUT GATOR CLUB - 03-0478794 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
DALLAS/FORT WORTH GATOR CLUB - 75-2266125 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
DESERT GATOR CLUB - 59-3049865 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
EMERALD COAST GATOR CLUB - 59-2961881 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
FLORIDA KEYS GATOR CLUB - 41-2249139 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GATEWAY GATOR CLUB - 43-1495398 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GATOR CLUB OF COLLIER COUNTY (NAPLES) - 37-1740021, P.O. BOX 14425, GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GATOR CLUB OF HISTORIC ST. AUGUSTINE - 59-2916562, P.O. BOX 14425, GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GATOR CLUB OF JACKSONVILLE - 59-2142631 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GATOR CLUB OF MIAMI (DADE COUNTY) - 65-0078528, P.O. BOX 14425, GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GATOR CLUB OF VOLUSIA COUNTY - 59-2452934 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GOHAM GATOR CLUB - 58-1815692 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GREATER COLUMBUS GATOR CLUB - 59-3294149 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
GREATER RICHMOND GATOR CLUB - 20-5565195 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
HAMPTON ROADS GATOR CLUB - 59-2980268 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HERNANDO COUNTY GATOR CLUB - 59-2916574 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
HIGHLANDS GATOR CLUB - 59-2916570 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
HOUSTON GATOR CLUB - 58-1815691 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
INDY GATOR CLUB - 59-3485947 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
JACKSON GATOR CLUB - 59-3294126 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
JAX BEACHES GATOR CLUB - 11-3724128 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
KANSAS CITY GATOR CLUB - 59-3342708 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
KEY WEST GATOR CLUB - 65-0081894 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
KNOXVILLE GATOR CLUB - 30-0841401 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
LAKE COUNTY GATOR CLUB - 59-2988849 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
LAS VEGAS GATOR CLUB - 73-1719989 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
LONE STAR GATOR CLUB - 59-3052397 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MADISON COUNTY GATOR CLUB - 59-2961890 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
MANATEE COUNTY GATOR CLUB - 65-0081892 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
MARION COUNTY GATOR CLUB - 59-2961884 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
MARTIN COUNTY GATOR CLUB - 59-2980256 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
MEMPHIS GATOR CLUB - 59-3102613 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
MONTGOMERY GATOR CLUB - 59-2980266 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
MUSIC CITY GATOR CLUB - 62-1402552 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
NASSAU COUNTY GATOR CLUB - 20-1332344 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
NEW ENGLAND GATOR CLUB - 59-3054926 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
NEW ORLEANS GATOR CLUB - 59-2980267 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
NORTH FLORIDA GATOR CLUB - 59-2466414 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
NORTHEAST OHIO GATOR CLUB - 59-3622746 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
NORTHWEST FLORIDA GATOR CLUB - 59-2916571 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
NORTHWOODS GATOR CLUB - 59-3091683 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
PALM BEACH COUNTY GATOR CLUB - 65-0081893 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
PANHANDLE GATOR CLUB - 59-2916569 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
PASCO COUNTY GATOR CLUB - 59-2916568 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
PHILADELPHIA GATOR CLUB - 59-3049537 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
PINELLAS COUNTY GATOR CLUB - 59-2916565 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
POLK COUNTY GATOR CLUB - 59-2980260 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
PORTLAND GATOR CLUB - 59-3342711 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
PUTNAM COUNTY GATOR CLUB - 59-2961873 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
ROCKET CITY GATOR CLUB - 59-3102615 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
ROCKY MOUNTAIN GATOR CLUB - 59-2980269 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SACRAMENTO GATOR CLUB - 82-3219438 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SALT LAKE VALLEY GATOR CLUB - 91-2089747 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SAN DIEGO GATOR CLUB - 59-3108326 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SAN FRANCISCO BAY AREA GATOR CLUB - 59-3051248, P.O. BOX 14425, GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SARASOTA COUNTY GATOR CLUB - 65-0081891 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SAVANNAH GATOR CLUB - 59-3140978 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SEATTLE GATOR CLUB - 59-3102616 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SOUTH ALABAMA GATOR CLUB - 20-5103187 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SOUTH GEORGIA GATOR CLUB - 58-1815693 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SOUTHERN CALIFORNIA GATOR CLUB - 59-2980270 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SOUTHWEST FLORIDA GATOR CLUB - 65-0136468 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
SPACE COAST GATOR CLUB - 59-2980251 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X

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

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						Yes	No
STEEL GATOR CLUB - 59-3599161 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
TAMPA GATOR CLUB - 59-2916567 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
TAYLOR COUNTY GATOR CLUB - 59-2961747 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
TITLETOWN GATOR CLUB - 61-1636188 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
TREASURE COAST GATOR CLUB - 65-0136485 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
TRIAD GATOR CLUB - 59-3102617 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
TRIANGLE GATOR CLUB - 59-3065926 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
UPSTATE GATOR CLUB - 59-3398323 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
WASHINGTON DC GATOR CLUB - 59-2994082 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		X
WINDY CITY GATOR CLUB - 36-3658014 P.O. BOX 14425 GAINESVILLE, FL 32604	ALUMNI DEVELOPMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION		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

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

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						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 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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>	X	
<b>1l</b>	X	
<b>1m</b>		X
<b>1n</b>	X	
<b>1o</b>	X	
<b>1p</b>	X	
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	UNIVERSITY OF FLORIDA	N	224,091.	IN-KIND OCCUPANCY
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				





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

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. ADVERTISING IN PUBLICATION OF PERIODICAL

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

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

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 5 Income (loss) from a partnership; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties; 9 Investment income; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total.

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.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest; 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions; 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction; 31 Deduction for net operating loss; 32 Unrelated business taxable income.



**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-8,320.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 1</b>	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	-8,320.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-8,320.

**Part IV Tax Computation**

39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39	0.
40	<b>Trusts Taxable at Trust Rates.</b> 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	<b>Proxy tax.</b> See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43	
44	<b>Total.</b> 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	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	<b>Total credits.</b> Add lines 45a through 45d	45e	
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	<b>Total tax.</b> 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	<b>Total payments.</b> Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	<b>Overpayment.</b> 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: <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <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 \$		

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

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ EXECUTIVE DIRECTOR  
 Title \_\_\_\_\_  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JULIANA KREUL				P01204534
	Firm's name <b>RSM US LLP</b>	7351 OFFICE PARK PL.		Firm's EIN <b>42-0714325</b>	
	Firm's address <b>MELBOURNE, FL 32940-8229</b>	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 <b>Cost of goods sold.</b> 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 <b>Total.</b> 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) ▶ 0.

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

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

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

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

**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).
<b>Totals</b> .....			0.	0.

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

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

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

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

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

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

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) FLORIDA GATOR	90,486.		90,486.	98,959.	323,366.	90,486.
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b> .....	90,486.	0.				90,486.

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

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

## FORM 990-T

## NET OPERATING LOSS DEDUCTION

## STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/09	132,149.	127,814.	4,335.	4,335.
06/30/10	145,827.	0.	145,827.	145,827.
06/30/11	102,685.	0.	102,685.	102,685.
06/30/12	95,795.	0.	95,795.	95,795.
06/30/18	14,380.	0.	14,380.	14,380.
NOL CARRYOVER AVAILABLE THIS YEAR			363,022.	363,022.

# 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](http://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](http://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	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.	Employer identification number (EIN) or  59-2911059
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. ▶ 352-392-5959
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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.