

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC. Doing business as		D Employer identification number 59-2911059
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 14425		E Telephone number 352-392-5475
	City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE, FL 32604		G Gross receipts \$ 2,825,668.
	F Name and address of principal officer: MATT HODGE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number 8591
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.UFALUMNI.UFL.EDU			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1960	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	46
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	45
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	32
	6 Total number of volunteers (estimate if necessary)	6	620
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,911,152.	2,160,575.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,507.	37,759.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	769,764.	578,205.
		3,726,423.	2,776,539.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,206.	4,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,481,976.	1,395,367.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	26,655.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,242,241.	1,377,172.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,726,423.	2,776,539.
19 Revenue less expenses. Subtract line 18 from line 12	0.	0.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	0.	0.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MATT HODGE, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JULIANA KREUL		03/31/21		P01204534
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	RSM US LLP	42-0714325		321-751-6200	
Firm's address					
7351 OFFICE PARK PLACE MELBOURNE, FL 32940-8229					

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 \$ 1,794,946. including grants of \$ 4,000.) (Revenue \$ 314,367.)
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 \$ 534,928. including grants of \$) (Revenue \$)
THE ALUMNI ASSOCIATION SUPPORTS 93 GATOR CLUBS AND 8 AFFILIATE
ORGANIZATIONS AROUND THE GLOBE. THESE CLUBS RAISE SCHOLARSHIPS FOR UF
STUDENTS, ARE INVOLVED IN COMMUNITY SERVICE AND SPONSOR A WIDE RANGE OF
PROGRAMMING FROM CAREER NETWORKING TO OPPORTUNITIES TO CHEER ON THE
GATORS THROUGH VIEWING GATHERINGS.

4c (Code:) (Expenses \$ 247,438. including grants of \$) (Revenue \$)
UF ALUMNI ASSOCIATION MEMBERSHIP IS ALSO AVAILABLE TO UNIVERSITY OF
FLORIDA STUDENTS THROUGH THE STUDENT MEMBERSHIP PROGRAM. THE STUDENT
ALUMNI GROUP IS THE LARGEST IN THE COUNTRY AND THE SPECIAL EVENTS AND
PROGRAMS OFFERED THROUGH UFAA APPEAL TO THOUSANDS OF UF STUDENTS. SOME
MAJOR EVENTS AND MEMBERSHIP BENEFITS INCLUDE BEAT T-SHIRTS, THE GATOR
RUN, TRADITION KEEPERS PROGRAM, AND THE CORRESPONDING F BOOK, FRESHMEN
WELCOME RECEPTION AND GRAD BASH.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **2,577,312.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 32		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATRINA D. ROLLE PRESIDENT	1.00	X		X				0.	0.	0.
(2) JAMES E. GADSBY VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) MARK J. CRISER PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(4) BRIAN D. BURGOON IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(5) RAMON LOOBY PRESIDENTIAL APPOINTEE	1.00	X		X				0.	0.	0.
(6) ROBERT TAYLOR PRESIDENTIAL APPOINTEE	1.00	X		X				0.	0.	0.
(7) JENNIFER ADAMS DIRECTOR	1.00	X						0.	0.	0.
(8) ASHTON E. ADLER DIRECTOR	1.00	X						0.	0.	0.
(9) REBECCA BROCK DIRECTOR	1.00	X						0.	0.	0.
(10) JASON T. BRODEUR DIRECTOR	1.00	X						0.	0.	0.
(11) STEPHEN BUNCH DIRECTOR	1.00	X						0.	0.	0.
(12) CHRISTOPHER L. CARMODY DIRECTOR	1.00	X						0.	0.	0.
(13) KRISTIN CARTER DIRECTOR	1.00	X						0.	0.	0.
(14) RENEE H. DABBS DIRECTOR	1.00	X						0.	0.	0.
(15) JAQUELINE M. DAVISON DIRECTOR	1.00	X						0.	0.	0.
(16) CARLOS DEL SOL DIRECTOR	1.00	X						0.	0.	0.
(17) JUAN C. ENJAMIO 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) W. KENT FUCHS DIRECTOR	1.00 41.00	X					0.	1,126,843.	265,331.	
(19) JESSICA FURST JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
(20) GORDON GLOVER DIRECTOR	1.00	X					0.	0.	0.	
(21) RICK GOLDMAN DIRECTOR	1.00	X					0.	0.	0.	
(22) JESS JOAQUIN JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
(23) SUNIL N. JOSHI DIRECTOR	1.00	X					0.	0.	0.	
(24) LANCE A. KARP DIRECTOR	1.00	X					0.	0.	0.	
(25) KRISTINE M. LAMBERT DIRECTOR	1.00	X					0.	0.	0.	
(26) KEVIN M. MAYEUX DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							0.	1,126,843.	265,331.	
c Total from continuation sheets to Part VII, Section A							225,541.	841,655.	76,966.	
d Total (add lines 1b and 1c)							225,541.	1,968,498.	342,297.	

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 former officer, director, 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
MARKETING COMMUNICATION RESOURCE INC 4800 E.345TH STREET, WILLOUGHBY, OH 44094	PRINTING AND PUBLICATIONS	191,084.
KEITH WATSON PRODUCTIONS INC 350 NW 39TH AVENUE, GAINESVILLE, FL 32609	PRODUCTION SERVICES	144,976.
TARGET COPY OF GAINESVILLE INC PO BOX 13955, GAINESVILLE, FL 32604	PRINTING AND PUBLICATIONS	122,892.

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 **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) NATE MILLER DIRECTOR	1.00	X						0.	0.	0.
(28) JOCELYN M. MOORE DIRECTOR	1.00	X						0.	0.	0.
(29) TREY MUELLER DIRECTOR	1.00	X						0.	0.	0.
(30) MICHAEL MURPHY DIRECTOR	1.00	X						0.	0.	0.
(31) RYAN MURTAGH DIRECTOR	1.00	X						0.	0.	0.
(32) MARSHA D. POWERS DIRECTOR	1.00	X						0.	0.	0.
(33) KEVIN REILLY DIRECTOR	1.00	X						0.	0.	0.
(34) AMANDA L. ROBINSON DIRECTOR	1.00	X						0.	0.	0.
(35) OSCAR SANCHEZ DIRECTOR	1.00	X						0.	0.	0.
(36) PRINEET SHARMA DIRECTOR	1.00	X						0.	0.	0.
(37) JAMAL SOWELL DIRECTOR	1.00	X						0.	0.	0.
(38) LORI SPIVEY DIRECTOR	1.00	X						0.	0.	0.
(39) AMY SUMMERS DIRECTOR	1.00	X						0.	0.	0.
(40) M. SCOTT THOMAS DIRECTOR	1.00	X						0.	0.	0.
(41) BARBIE PRESSLY TILMAN DIRECTOR	1.00	X						0.	0.	0.
(42) LARRY TYREE DIRECTOR	1.00	X						0.	0.	0.
(43) JOSHUA B. WEINGARD DIRECTOR	1.00	X						0.	0.	0.
(44) BETTINA WEISS DIRECTOR	1.00	X						0.	0.	0.
(45) HOMER "SCOOTER" WILLIS DIRECTOR	1.00	X						0.	0.	0.
(46) TAD A. YATES DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b 999,933.					
	c Fundraising events	1c					
	d Related organizations	1d 1,089,011.					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 71,631.					
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f		2,160,575.				
Program Service Revenue	2 a MEMBERSHIP ACTIVITIES	Business Code 900099	37,759.	37,759.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		37,759.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		301,597.			301,597.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b 49,129.						
c Net income or (loss) from sales of inventory		-49,129.	-49,129.				
Miscellaneous Revenue	11 a OTHER	Business Code 900099	325,737.	325,737.			
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		325,737.				
12 Total revenue. See instructions		2,776,539.	314,367.	0.	301,597.		

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,000.	4,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	266,553.	79,966.	159,932.	26,655.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	790,551.	790,551.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	338,263.	338,263.		
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	357,416.	355,198.	2,218.	
12 Advertising and promotion				
13 Office expenses	412,992.	403,854.	9,138.	
14 Information technology	2,865.	2,865.		
15 Royalties				
16 Occupancy	210.	210.		
17 Travel	53,960.	53,960.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	214,883.	214,126.	757.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a AWARDS AND COMMENDATION	207,032.	207,032.		
b DUES & SUBSCRIPTIONS	13,475.	12,948.	527.	
c _____				
d _____				
e All other expenses _____	114,339.	114,339.		
25 Total functional expenses. Add lines 1 through 24e	2,776,539.	2,577,312.	172,572.	26,655.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year	
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		0.	16 0.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		0.	26 0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29 0.	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30 0.	
	31 Retained earnings, endowment, accumulated income, or other funds	0.	31 0.	
	32 Total net assets or fund balances	0.	32 0.	
33 Total liabilities and net assets/fund balances	0.	33 0.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,776,539.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,776,539.
3	Revenue less expenses. Subtract line 2 from line 1	3	0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	0.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	0.

Part XII Financial Statements and Reporting

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

- 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 on 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 on Schedule O and describe any steps taken to undergo such audits

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

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,166,213.	2,179,111.	2,072,748.	2,911,152.	2,160,575.	12,489,799.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...	224,091.	224,091.	224,091.	224,091.	224,091.	1,120,455.
4 Total. Add lines 1 through 3	3,390,304.	2,403,202.	2,296,839.	3,135,243.	2,384,666.	13,610,254.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						13,610,254.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	3,390,304.	2,403,202.	2,296,839.	3,135,243.	2,384,666.	13,610,254.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	822,219.	984,303.	464,556.	471,636.	301,597.	3,044,311.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	24,203.	20,611.				44,814.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	316,305.	234,134.	430,159.	209,664.	325,737.	1,515,999.
11 Total support. Add lines 7 through 10						18,215,378.
12 Gross receipts from related activities, etc. (see instructions)					12	271,356.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	74.72 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	75.46 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

2015 AMOUNT: \$ 316,305.

2016 AMOUNT: \$ 234,134.

2017 AMOUNT: \$ 430,159.

2018 AMOUNT: \$ 209,664.

2019 AMOUNT: \$ 325,737.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.	Employer identification number 59-2911059
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Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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.	Employer identification number 59-2911059
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,089,011.	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.	Employer identification number 59-2911059
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.	Employer identification number 59-2911059
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

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.

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

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions 3-9 regarding modifications, monitoring, and expenses.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a and 1b regarding reporting requirements, and question 2 regarding financial gain reporting.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,049,759.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	224,091.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	224,091.
3	Subtract line 2e from line 1		3	2,825,668.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-49,129.	
c	Add lines 4a and 4b		4c	-49,129.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,776,539.

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

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

1	Total expenses and losses per audited financial statements		1	3,049,759.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	224,091.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	49,129.	
e	Add lines 2a through 2d		2e	273,220.
3	Subtract line 2e from line 1		3	2,776,539.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,776,539.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THIS ENDOWMENT IS FOR ALUMNI ASSOCIATION LIFE MEMBERSHIPS AND THE EARNINGS

ARE USED TO SUPPORT ALUMNI ASSOCIATION PROGRAMS AND ACTIVITIES.

PART X, LINE 2:

THE UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION HAS REVIEWED AND EVALUATED

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

WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF

AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED

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

IMPACT ON THE FINANCIAL STATEMENTS OF THE ALUMNI ASSOCIATION.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COGS INCLUDED ON LINE 10B OF PART VIII AND IN EXPENSES FOR -49,129.

FINANCIAL STATEMENT PURPOSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS INCLUDED ON LINE 10B OF PART VIII AND IN EXPENSES FOR 49,129.

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 for instructions and the latest information.

OMB No. 1545-0047

2019

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) W. KENT FUCHS DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	900,594.	0.	226,249.	245,111.	20,220.	1,392,174.	0.
(2) THOMAS J. MITCHELL EXECUTIVE VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	577,950.	50,000.	213,705.	24,388.	23,934.	889,977.	0.
(3) MATT HODGE EXECUTIVE DIRECTOR & SECRETARY	(i)	218,765.	0.	6,776.	18,484.	10,160.	254,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

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 3, CHANGES IN PROGRAM SERVICES:

THE FLORIDA GATOR MAGAZINE AND RELATED ADVERTISING ACTIVITY HAVE TRANSITIONED TO THE UNIVERSITY OF FLORIDA FOUNDATION, INC.

FORM 990, PART V, LINE 2A

THE 32 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, INC. THE UNIVERSITY OF FLORIDA ACTS AS AN AGENT FOR PAYROLL SERVICES FOR THE ALUMNI ASSOCIATION.

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

Schedule O (Form 990 or 990-EZ) (2019)

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.

Name of the organization UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.	Employer identification number 59-2911059
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FORM 990, PART VI, SECTION B, LINE 11B:

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

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

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

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

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

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

Name of the organization	UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.	Employer identification number	59-2911059
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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 DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).

FORM 990, PART VII, SECTION A, COLUMN E

BOARD MEMBER W. KENT FUCHS IS AN EMPLOYEE OF THE UNIVERSITY OF FLORIDA, A RELATED ORGANIZATION. HE IS NOT COMPENSATED BY THE UNIVERSITY OF FLORIDA 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:

CONTRACTUAL SERVICES - GENERAL:

PROGRAM SERVICE EXPENSES	355,198.
MANAGEMENT AND GENERAL EXPENSES	2,218.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	357,416.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	357,416.

Name of the organization UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.	Employer identification number 59-2911059
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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 for instructions and the latest information.

OMB No. 1545-0047

2019

**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) 2019

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

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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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
GATORCARE HEALTH MANAGEMENT CORPORATION - 46-1185106, 1329 SW 16TH STREET NO. 2204, GAINESVILLE, FL 32610	HEALTH INSURANCE MANAGEMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		X
FLORIDA FOUNDATION SEED PRODUCERS, INC. - 59-0931036, P.O. BOX 309, GREENWOOD, FL 32443	AGRICULTURE	FLORIDA	501(C)(3)	LINE 5	UNIVERSITY OF FLORIDA		X
UNIVERSITY OF FLORIDA DEVELOPMENT CORPORATION - 35-2427022, P.O. BOX 113135, GAINESVILLE, FL 32611	INNOVATION	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		X
GATOR BOOSTERS, INC. - 59-0737883 P.O. BOX 13796 GAINESVILLE, FL 32604	ATHLETICS SUPPORT	FLORIDA	501(C)(3)	LINE 5	UNIVERSITY OF FLORIDA		X
CITRUS RESEARCH AND DEVELOPMENT FOUNDATION, INC. - 26-4825142, 700 EXPERIMENT STATION ROAD, LAKE ALFRED, FL 33850	AGRICULTURAL RESEARCH	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		X
FLORIDA 4-H CLUB FOUNDATION, INC. - 59-1000186, 1604 MCCARTY DRIVE NO. 1040, GAINESVILLE, FL 32611	YOUTH PROGRAMS	FLORIDA	501(C)(3)	LINE 7	UNIVERSITY OF FLORIDA		X
UNIVERSITY OF FLORIDA LEADERSHIP AND EDUCATION FOUNDATION, INC. - 59-3104978, P.O. BOX 110750, GAINESVILLE, FL 32611	AGRICULTURE EDUCATION	FLORIDA	501(C)(3)	LINE 10	UNIVERSITY OF FLORIDA		X
UNIVERSITY OF FLORIDA INVESTMENT CORPORATION - 20-1226494, 800 SW 2ND AVENUE, THIRD FLOOR, GAINESVILLE, FL 32601	INVESTMENT MANAGEMENT	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		X
UF HISTORIC ST AUGUSTINE, INC. - 27-4751236 P.O. BOX 115350 GAINESVILLE, FL 32611	PROPERTY PRESERVATION	FLORIDA	501(C)(3)	LINE 7	UNIVERSITY OF FLORIDA		X
SOUTHWEST FLORIDA RESEARCH AND EDUCATION FOUNDATION, INC. - 65-0325899, 2686 STATE ROAD 29 NORTH, IMMOKALEE, FL 34142	RESEARCH SUPPORT	FLORIDA	501(C)(3)	LINE 10	UNIVERSITY OF FLORIDA		X
CATTLE ENHANCEMENT BOARD, INC. - 81-2582655 800 SHAKERAG ROAD KISSIMMEE, FL 34744	CATTLE RESEARCH	FLORIDA	501(C)(3)	LINE 12A, I	UNIVERSITY OF FLORIDA		X

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

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

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

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

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

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

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

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

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. Describe the only (or first) unrelated trade or business here: PRIOR ADVERTISING ACTIVITY.

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: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 1b Less returns and allowances; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 4b Net gain (loss); 4c Capital loss deduction for trusts; 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.) (Deductions must be directly connected with the unrelated business income.)

Table with 4 columns: (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 Depreciation; 21 Less depreciation claimed; 22 Depletion; 23 Contributions to deferred compensation plans; 24 Employee benefit programs; 25 Excess exempt expenses; 26 Excess readership costs; 27 Other deductions; 28 Total deductions; 29 Unrelated business taxable income before net operating loss deduction; 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018; 31 Unrelated business taxable income.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2	36	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	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)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

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

57	At any time during the 2019 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
58	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
59	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

Paid Preparer Use Only
 Print/Type preparer's name: JULIANA KREUL
 Preparer's signature: _____ Date: 03/31/21
 Check if self-employed PTIN: P01204534
 Firm's name: RSM US LLP Firm's EIN: 42-0714325
 Firm's address: 7351 OFFICE PARK PLACE MELBOURNE, FL 32940-8229 Phone no. 321-751-6200

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

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

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

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

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

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

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

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

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

Nonexempt Controlled Organizations

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

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

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

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	8,320.	0.	8,320.	8,320.
NOL CARRYOVER AVAILABLE THIS YEAR			8,320.	8,320.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/09	132,149.	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 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.	Taxpayer identification number (TIN) 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	
	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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 17, 2021, 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, 2019, and ending JUN 30, 2020.

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

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

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

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

JUNE 30, 2020

PREPARED FOR:

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

PREPARED BY:

RSM US LLP
7351 OFFICE PARK PLACE
MELBOURNE, FL 32940-8229

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	0

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FLORIDA DOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FLORIDA DOR.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

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

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

Information for Filing Florida Form F-7004

F-7004
R. 01/17

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

To file online go to www.floridarevenue.com

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

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

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

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

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

SEE STATEMENT

B. Type of federal return filed: 990-T

Contact person for questions: MATT HODGE

Telephone number: 352-392-5475

Contact Person email address: MHODGE@UFF.UFL.EDU

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

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

Make checks payable and mail to:

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

944961
09-30-19

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

1019
F-7004
R. 01/17

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

FEIN 59-2911059
Taxable Year End 06/30/20
FILING STATUS Partnership S-corporation
All other federal returns to be filed **X**
Tentative Tax Due \$ 0.00

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

Sign Here: _____

Date: _____

592911059	0	0	0
3	0	0	0
20200630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

F-7004

REASON FOR EXTENSION

STATEMENT 1

EXPLANATION

ADDITIONAL TIME IS REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN.



Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/20 1019

FEIN 59-2911059

For calendar year 2019 or tax year beginning

JUL 1

, 2019 ending

JUN 30, 2020

Rule 12C-1.051 Florida Administrative Code Effective 01/20 Page 1 of 6

803302020063000020050376359291105900006

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

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

Computation of Florida Net Income Tax

Table with 4 columns: Line number, Description, Check here if negative, and Amount. Includes lines 1 through 19 for tax computation.

944081 09-30-19

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120 R. 01/20

Do Not Detach

YEAR ENDING 06/30/20

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

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

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

Table with 4 columns: Identification number, Amount, and other values. Includes numbers like 592911059, 20190701, etc.

0 8033 0 20200630 0002005037 6 3592911059 0000 6



FEIN 59-2911059

06/30/20

This return is considered incomplete unless a copy of the federal return is attached.

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

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

Sign here	Signature of officer (must be an original signature)	Date	Title	EXECUTIVE DIRECTOR	
	Preparer's signature	Date 03/31/21	Preparer check if self-employed <input type="checkbox"/>	Preparer's PTIN	P01204534
Paid preparers only	Firm's name (or yours if self-employed) and address			FEIN	42-0714325
	RSM US LLP 7351 OFFICE PARK PLACE MELBOURNE, FL			ZIP	32940-8229

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

- A. State of incorporation: FLORIDA
- B. Florida Secretary of State document number: 700658
- C. Florida consolidated return? YES NO
- D. Initial return Final return (final federal return filed)
- E. Principal Business Activity Code (as pertains to Florida)
541800
- F. A Florida extension of time was timely filed? YES NO
- G-1. Corporation is a member of a controlled group? YES NO If yes, attach list.
- G-2. Part of a federal consolidated return? YES NO If yes, provide:
FEIN from federal consolidated return: _____
Name of corporation: _____
- G-3. The federal common parent has sales, property, or payroll in Florida? YES NO
- H. Location of corporate books:
1938 W. UNIVERSITY AVENUE
City, State, ZIP: GAINESVILLE, FL 32603
- I. Taxpayer is a member of a Florida partnership or joint venture? YES NO
- J. Enter date of latest IRS audit: _____
a) List years examined: _____
- K. Contact person concerning this return: MATT HODGE
a) Contact person telephone number: 352-392-5475
b) Contact person e-mail address: MHODGE@UFF.UFL.EDU
- L. Type of federal return filed 1120 1120S or 990-T

New - Online Information Reporting Requirement

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

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a **refund** (Line 19), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

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



NAME UNIVERSITY OF FLORIDA ALUMNI FEIN 59-2911059 TAXABLE YEAR ENDING 06/30/20

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

Schedule II - Subtractions from Federal Taxable Income	
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3. Florida net operating loss carryover deduction (see instructions) STATEMENT 2	3. 499,156.00
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 179, IRC expense (see instructions)	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.
11. Other subtractions (attach statement)	11.
12. Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.	12. 499,156.00



NAME UNIVERSITY OF FLORIDA ALUMNI FEIN 59-2911059 TAXABLE YEAR ENDING 06/30/20

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

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



NAME UNIVERSITY OF FLORIDA ALUMNI FEIN 59-2911059 TAXABLE YEAR ENDING 06/30/20

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

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

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

Line 2. Nonbusiness income (loss) allocated elsewhere

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

Line 3. Total nonbusiness income

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



NAME UNIVERSITY OF FLORIDA ALUMNI FEIN 59-2911059 TAXABLE YEAR ENDING 06/30/20

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2019**

1. Florida income expected in taxable year	1.	\$	<u>-499,156.00</u>
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2.	\$	<u> </u>
3. Estimated Florida net income (Line 1 less Line 2)	3.	\$	<u> </u>
4. Total Estimated Florida tax (4.458% of Line 3)		\$	<u> </u>
Less: Credits against the tax	4.	\$	<u> </u>
5. Computation of installments:			
Payment due dates and			
payment amounts:			
If 6/30 year end, last day of 4th month,			
otherwise last day of 5th month - Enter 0.25 of Line 4	5a.		<u> </u>
Last day of 6th month - Enter 0.25 of Line 4	5b.		<u> </u>
Last day of 9th month - Enter 0.25 of Line 4	5c.		<u> </u>
Last day of fiscal year - Enter 0.25 of Line 4	5d.		<u> </u>

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

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

References

*The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.
The forms are available online at floridarevenue.com/forms.*

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

FL F-1120

NET OPERATING LOSS CARRYOVERS

STATEMENT 2

YEAR	APPORTION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING
2008	0%	0.	132,149.	0.	132,149.00
2009	0%	0.	145,827.	0.	145,827.00
2010	0%	0.	102,685.	0.	102,685.00
2011	0%	0.	95,795.	0.	95,795.00
2017	0%	0.	14,380.	0.	14,380.00
2018	0%	0.	8,320.	0.	8,320.00
TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE					499,156.00



UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION

1019
F-1120
R. 01/20

FEIN 59-2911059

DATA Page 1 of 2

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

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

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

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

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year: <u>0.</u></p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 14425</p> <p>City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE, FL 32604</p>	<p>D Employer identification number (Employees' trust, see instructions.) 59-2911059</p> <p>E Unrelated business activity code (See instructions.) 541800</p>
		<p>F Group exemption number (See instructions.) ▶ 8591</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **PRIOR ADVERTISING ACTIVITY**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	0.	

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27	
28 Total deductions. Add lines 14 through 27	28	0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	0.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	0.
SEE STATEMENT 3		
31 Unrelated business taxable income. Subtract line 30 from line 29	31	0.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 4	36	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	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)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

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

57	At any time during the 2019 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
58	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
59	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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JULIANA KREUL		03/31/21		P01204534
	Firm's name RSM US LLP	7351 OFFICE PARK PLACE		Firm's EIN 42-0714325	
	Firm's address MELBOURNE, FL 32940-8229	Phone no. 321-751-6200			

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

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

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

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

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

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

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

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

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

Nonexempt Controlled Organizations

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

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

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

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	8,320.	0.	8,320.	8,320.
NOL CARRYOVER AVAILABLE THIS YEAR			8,320.	8,320.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 4

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.