For	m 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (OMB No. 1545-0047						
		Year Description Provide for the internal Revenue Code (except black lung benefit trutt or private foundation) Provide foundation Provide foundation ware of the revert The organization may have to use a cody of the internal Revenue Code (except black lung benefit trutt or private foundation) Open to Public ling exception So = 0.616.5292 Open to Public ling exception So = 0.616.5292 So = 0.616.5292									
					inspection						
B	B Check if applicable: Please C Name of organization D Employer identification										
	Addr	ess label or ge print or FO									
Ļ	chan	ge L	oing Business As	59-6	166292						
	retur	n See N									
	Amer	nded tions. C	ity or town, state or country, and ZIP + 4								
	_Ition		NSACOLA, FL 32514	H(a) Is this a group re	əturn						
	pend	F Name a		for affiliates?	Yes X No						
				H(b) Are all affiliates inc	luded? Yes No						
				If "No," attach a	list. (see instructions)						
		e									
	orm c art l	_	X Corporation I Trust Association Other K	Year of formation: 1965 N	A State of legal domicile: FL						
e	1	Briefly describ	e the organization's mission or most significant activities: ${f SEE}$ ${f SCHE}$	EDULE O.							
Governance	2	Check this bo	if the organization discontinued its operations or disposed of r	more than 25% of its net as	seate						
ovei											
ğ	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)								
Activities &	5	Total number of	of employees (Part V, line 2a)	• Million -							
vitie	6	Total number (of volunteers (estimate if necessary)								
cti	7a										
4	b										
e	8	Contributions	and grants (Part VIII, line 1h)	2,346,122.	2,939,498.						
Revenue	9	Program servio	ce revenue (Part VIII, line 2g)	7,235,361.							
sev.	10	Investment inc		-1,234,942.	2,121,285.						
щ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,741.	24,460.						
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,349,282.	12,920,607.						
	13	Grants and sin	nilar amounts paid (Part IX, column (A), lines 1·3)	1,090,405.	920,001.						
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)								
ŝ	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	1,200,863.	2,536,569.						
Expenses	16a	Professional fL	ndraising fees (Part IX, column (A), line 11e)	31,840.	12,997.						
dx											
ш	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24f)		8,076,234.						
	18	Total expenses	s. Add lines 13-17 (must equal Part IX, column (A), line 25)								
	19	Revenue less e	expenses. Subtract line 18 from line 12	-4,156,311.	1,374,806.						
s or											
sset 3ala	20	Total assets (P	art X, line 16)								
Net Assets or Fund Balances	21										
	22			66,119,909.	70,229,311.						
Ра	rt II			· · · · · · · · · · · · · · · · · · ·							
Sigr		Sum Sum ELENI'S COPY 03/10/11									
Here	e		V	Date							
			int name and title								
Paid		Preparer's	Date	Check if Prepare	r's identifying number iructions)						
	arer's	signature	MOLLY MURPHY 02/21/11	employed 🕨 🔄							
Use		Firm's name (or yours if self-employed), address, and	SALTMARSH, CLEAVELAND & GUND 900 NORTH 12TH AVENUE								
May	the l	ZIP + 4	PENSACOLA, FL 32501	Phone no. 🕨 8 5	50-435-8300						

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Yes No Form **990** (2009)

Par	990 (2009) FOUNDATION INC 59-6166292 Page
	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
1	SOLICITING, RECEIVING, AND ADMINISTERING GIFTS AND BEQUESTS OF
	PROPERTY AND FUNDS FOR SCIENTIFIC, EDUCATIONAL, AND CHARITABLE
	PURPOSES ALL FOR THE ADVANCEMENT OF THE UNIVERSITY OF WEST FLORIDA
	(UWF). TO PROMOTE AND SUPPORT EDUCATION AND EDUCATION FACILITIES,
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
ł	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
a	(Code:) (Expenses \$ 7,538,995. including grants of \$) (Revenue \$ 7,859,05
rd	STUDENT HOUSING PROGRAM - THE UWF DEPARTMENT OF HOUSING PROVIDES
	HOUSING FOR APPROXIMATELY 14.9%, I.E., OVER 1,750 STUDENTS, OF THE
	UNIVERSITY'S STUDENT BODY. OCCUPANCY OF DORMS IS CONSISTENTLY
	MAINTAINED AT 100%. IN ADDITION TO RESIDENTIAL SERVICES, HOUSING OFFE
	1,796 PROGRAMS DESIGNED TO ENHANCE THE STUDENTS' LEARNING ENVIRONMENT
	AS WELL AS ENRICH THE STUDENTS' COLLEGE EXPERIENCE. COMPLETED FINANCI
	AND BUILDING OF HERITAGE HALL, A 250 BED STUDENT RESIDENT'S HALL OPEN
	IN AUGUST 2010.
	000 400 000 400
	(Code:) (Expenses \$ 808, 499. including grants of \$ 808, 499.) (Revenue \$
	STUDENT SCHOLARSHIP PROGRAM: THE UWF FOUNDATION AWARDED MORE THAN
	\$1,077,842 IN SCHOLARSHIPS TO 841 UWF STUDENTS. TOTAL AWARD AMOUNT
	INCLUDES FLORIDA STATE MATCH FOR THE FIRST GENERATION PROGRAM AND OTH STUDENT SUPPORT. THESE SCHOLARSHIPS HELPED TO ENSURE THOSE STUDENTS
	GAINED A HIGHER EDUCATION. ONE OF THE NEWER SCHOLARSHIPS PROMOTED
	DURING THE YEAR WAS THE FIRST GENERATION SCHOLARSHIP. THIS SCHOLARSHI
	ENABLES STUDENTS, WHO ARE FIRST GENERATION IN THEIR FAMILY TO ATTEND
	COLLEGE, TO BE ABLE TO AFFORD COLLEGE TUITION. THE FOUNDATION RAISED
	AND AWARDED \$195,000 OF FIRST GENERATION SCHOLARSHIPS DURING THE YEAR
	(Code:) (Expenses \$ 482,767. including grants of \$) (Revenue \$
	EMINENT SCHOLARS AND PROFESSORSHIPS: THE UWF FOUNDATION HAD 2 EMINENT
	SCHOLARS AND 4 DISTINGUISHED PROFESSORS DURING THE FISCAL YEAR. THESE PROFESSORSHIPS HELPED TO ADVANCE THE EDUCATIONAL MISSION OF THE
	UNIVERSITY BY HAVING DISTINGUISHED AND SPECIALIZED PROFESSORS TEACH
	STUDENTS.
d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 1,567,203. including grants of \$ 111,502.) (Revenue \$ 198,005.)
	Total program service expenses >\$ 10,397,464.

Form 990 (2009)	FOUNDATION INC
Part IV Checkl	ist of Required Schedules

UNIVERSITY OF WEST FLORIDA

L			Yes	No						
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?									
	If "Yes," complete Schedule A	1	X							
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X							
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for									
	public office? If "Yes," complete Schedule C, Part I	3		X						
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X							
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and									
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	ļ							
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to									
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ļ	X						
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,									
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X						
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete									
	Schedule D, Part III	8	X							
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide									
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X						
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?									
	If "Yes," complete Schedule D, Part V	10	X							
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X									
	as applicable	11	X							
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,									
	Part VI.									
٠	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total									
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.									
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total accepts reported in Part X, line 160 K, Was a complete School (I.e. D. Dart VIII)									
	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>									
•	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.									
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.									
	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? If "Yes," complete Schedule D, Part X.									
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete									
•	Schedule D, Parts XI, XII, and XIII.	12	x							
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	1								
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	-								
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X						
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X						
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,									
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	x							
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization									
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х						
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals									
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х						
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,									
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х							
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines									
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X							
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"									
	complete Schedule G, Part III	19		<u>X</u>						
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>X</u>						

Form 990 (2009)

UNIVERSITY OF WEST FLORIDA FOUNDATION INC ماريام

59-	61	6629	92	Page 4
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Pa	rt IV Checklist of Required Schedules (continued)			
L			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a	X	
b		24b		X
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			·
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			**
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	_29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
~ 4	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
00	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	20		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u></u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?	33		- 22
04	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	- 34	-23	
00	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	- 55		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
5,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	x	
		·		

UNIVERSITY	OF	WEST	FLORIDA
FOUNDATION	INC	Ţ	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance										
			Yes	No							
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ĺ									
	U.S. Information Returns. Enter 0 if not applicable 1a 45										
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b0										
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming										
	(gambling) winnings to prize winners?	1c	X								
2a											
	filed for the calendar year ending with or within the year covered by this return 2a 0										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)										
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?										
b	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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)?	4a	X	<u> </u>							
b	If "Yes," enter the name of the foreign country: ► <u>CAYMAN</u> ISLANDS										
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and										
	Financial Accounts.										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited										
	Tax Shelter Transaction?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services										
	provided to the payor?	7a	X								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1									
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			77							
	benefit contract?	7e		X							
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
g h	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X								
n 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	7h									
0	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings										
	at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
a	Did the organization make any taxable distributions under section 4966?	9a									
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	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			Į							
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
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	_									

Form 990 (2009

UNIVERSITY OF WEST FLORIDA FOUNDATION INC

59-6166292 Page 6

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

Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body	1a	26								
b	Enter the number of voting members that are independent	1b	24		1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other								
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under th										
	of officers, directors or trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 990	was filed?	4		X					
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?		5		X					
6	Does the organization have members or stockholders?			6		X					
7a	Does the organization have members, stockholders, or other persons who may elect one or more me										
	governing body?			7a		X					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?		7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year								
	by the following:										
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)								
					Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?			10a		X					
	If "Yes," does the organization have written policies and procedures governing the activities of such										
	and branches to ensure their operations are consistent with those of the organization?			10b							
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi			11	Х						
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou										
	to conflicts?			12b	Х						
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes," a	lescribe								
	in Schedule O how this is done			12c	Х						
13	Does the organization have a written whistleblower policy?			13	Х						
14	Does the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approva										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-									
а	The organization's CEO, Executive Director, or top management official			15a	Х						
b	Other officers or key employees of the organization			15b	Х						
	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 arrangen	nent w	ith a								
	taxable entity during the year?			16a	Х						
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval										
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the orga	anizatic	in's								
	exempt status with respect to such arrangements?			16b		X					
Sec	ion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed AK, AZ, CA, CO, H	I,I	L, KY, LA, ME	, MD	, MA	,MI					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T										
	public inspection. Indicate how you make these available. Check all that apply.										
	X Own website Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict	of interest policy, ar	ıd fina	ncial						
	statements available to the public.										

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► _ <u>DR. SUSAN STEPHENSON - (850)474-2487</u> 11000 UNIVERSITY PKWY, PENSACOLA, FL 32514

UNIVERSITY OF WEST FLORIDA

FOUNDATION INC

Form 990 (2009)

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

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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

[X] Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	ſ		(0	C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c)	hecł	k all 1	that	app	oly)	compensation	compensation	amount of
	per week	ector						from the	from related organizations	other compensation
	Week	Individual trustee or director	8			ated		organization	(W-2/1099-MISC)	from the
		ustee	trust		66	upens		(W-2/1099-MISC)		organization
		d ual t	Institutional trustee		Key employee	Highest compensated employee	5			and related
		Indivi	Institu	Officer	Key e	Highe	Former			organizations
MARNY GILLULY								-		
PAST PRESIDENT, DIRECTOR	0.30	X						0.	0.	0.
SUSAN CRUZ										
DIRECTOR	0.00	X						0.	0.	0.
LAVERNE BAKER										
DIRECTOR	0.30	X						0.	0.	0.
DAVID CLEVELAND										
PRESIDENT	0.40	Х		Х				0.	0.	0.
BRIAN HAUGEN								_		_
DIRECTOR	0.30	X						0.	0.	0.
TIM HAAG										
DIRECTOR	0.20	X						0.	0.	0.
PATRICIA DENKLER									<u> </u>	0
VICE PRESIDENT	0.40	X		Χ				0.	0.	0.
THE HONORABLE CASEY RODGERS	0 10							0	0	0
SECRETARY	0.10	X		Χ				0.	0.	0.
C. RAY JONES	0 00								0	0
DIRECTOR	0.20	X						0.	0.	0.
JUDY BYRNE RILEY	0 20	77						0.	0.	0
DIRECTOR	0.20	X						0.		0.
DENNIS LARRY	0.10	x						0.	Ο.	0.
DIRECTOR	0.10	<u> </u>						0.	<u>U.</u>	0.
RICHARD SANFILIPPO	0.10	x						0.	0.	Ο.
DIRECTOR BRETT SHAW	0.10	- 23						<u>0 </u>	U •	<u></u>
TREASURER	0.20	x		Х				0.	Ο.	0.
WAYNE WILLIAMS	0.20								v .	
DIRECTOR	0.50	x						ο.	Ο.	0.
DR. JUDITH A. BENSE								.		
DIRECTOR, PRESIDENT OF UWF	0.20	x			Х			ο.	218,981.	53,193.
MICHELLE ANCHORS										
DIRECTOR	0.30	x						0.	Ο.	0.
RICK FOUNTAIN										
DIRECTOR	0.10	X						0.	0.	0.
										Form 990 (2009)

932007 02-04-10

UNIVERSITY OF WEST FLORIDA

Form 990 (2009) FOUNDAT	ITY OF WI	цр. 	·····				7		59-616	6292	P	age 8
Part VII Section A. Officers, Directors,	Trustees, Key E	mplo	oyee	es, a	nd I	ligh	est	Compensated Employ	ees (continued)			
(A) Name and title	(B) Average hours	(C Pos (check all t					ly)	(D) Reportable compensation	(E) Reportable compensation		(F) stimate mount	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	or ai	other npensa from th ganizat nd relat janizati	e ion ed
JOHN MCGEE DIRECTOR	0.00	x						0.	0			0.
RICHARD PETERSON	0.00	12								•		
DIRECTOR	0.20	x						0.	0			0.
NICK POWER												
DIRECTOR , FACULTY SENATE REP.	0.10	X						0.	67,261	. 1	.7,9	47.
STEVE RIGGS DIRECTOR	0.10	x						0.	0	•		0.
JOSH FINELY												
DIRECTOR, SGC REP.	0.20	X						0.	0	•		0.
BRIAN WYER												
DIRECTOR	0.20	X						0.	0	•		0.
JIM DONATELLI					-							•
DIRECTOR	0.20	X						0.	0	•		0.
JOHN HUTCHINSON	0.20	v						0	о			0.
DIRECTOR	0.20	X						0.	0	•		0.
DEBBIE RITCHIE	0.10	x						0.	0			Ο.
DIRECTOR SUSAN STEPHENSON	0.10	Δ						U•	0	•	·	0.
EXECUTIVE DIRECTOR	8.00			x				0.	93,500	. 1	.5,0	06.
1b Total								0.	1,789,930			
2 Total number of individuals (including bu	it not limited to th						o re			•		_
compensation from the organization	-	·									1	<u>(</u>
3 Did the organization list any former offic	er, director or tru	stee	, key	/ em	ploy	yee,	or h	ighest compensated er	nployee on		Yes	No
line 1a? If "Yes," complete Schedule J fo	or such individual									3		Х
4 For any individual listed on line 1a, is the and related organizations greater than \$										4	x	
5 Did any person listed on line 1a receive of	or accrue comper	nsati	on f	rom	any	unre	elate	ed organization for serv	ices rendered to			
the organization? If "Yes," complete Sch	edule J for such	oers	on .			<i>.</i>	<i>.</i>			5		Χ
Section B. Independent Contractors 1 Complete this table for your five highest	compensated inc	depe	nde	nt co	ontr	acto	rs t	hat received more than	\$100,000 of compe	nsation	from	
the organization.												
(A) Name and busine	ess address							(B) Description of s	ervices	(Compe	C) ensatio	n
THE HASKELL COMPANY, 11	1 RIVERSI	DE	E A	VE	INU	JE,		CONSTRUCTION	OF	E 10		10
JACKSONVILLE, FL 32202	a IIT AIT IN	~		-		~	<u> </u> t	RESIDENCE HA	<u>ціі</u>	5,39	0,0	TO

JANI-KING, 5528 N. DAVIS HIGHWAY, SUITE G,		
PENSACOLA, FL 32504	JANITORIAL SERVICES	323,337.
SOUTHWEST CONTRACT	FURNITURE FOR	
17 PROFESSIONAL DRIVE, TEMPLE, TX 76504	HERITAGE HALL	112,344.
FISHER BROWN, INC.	INSURANCE POLICY	
1701 W. GARDEN STREET, PENSACOLA, FL 32501	PROVIDER	108,599.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 in compensation from the organization 🕨 🛛 🕹 🕯		

\$100,000 in compensation from the organization \blacktriangleright

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

UNIVERSITY	OF	WEST	FLORIDA
FOUNDATION	INC	r	
it of Revenue			

Т

Form 990 (20	09)
Part VIII	Statemen

Pa	art VI	II Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns 1a					
ran	b	Membership dues					
s, g amo	с	Fundraising events 1c	10,475.				
ar a	d	Related organizations					
ns, imil	е	Government grants (contributions) 1e					
ar s	f	All other contributions, gifts, grants, and					
Contributions, gifts, grants and other similar amounts		similar amounts not included above 1f	2929023.				
	g	Noncash contributions included in lines 1a-1f: \$	<u>175,808</u> .				
<u>0 a</u>	h	Total. Add lines 1a-1f	1	2939498.			
			Business Code	E 401122	F 4 0 1 1 2 2		
rice	2 a			7401133.	7401133.		
ue v	b		900099	236,226.	236,226.		
Program Service Revenue	c	AUXILLARY INCOME - HOU	900099	131,733.	131,733.		
	d						
Pro	e		000000	66,272.	66,272.		
		All other program service revenue Total. Add lines 2a-2f		7835364.	00,272.		
	<u>ч</u> 3	Investment income (including dividends, inte		1033304.			
	Ŭ	other similar amounts)		1383326.	221,698.		1,161,628.
	4	Income from investment of tax-exempt bond		20000201			1,101,020.
	5	Royalties		30,835.			30,835.
		(i) Real	(ii) Personal				
	6 a						
	b	Less: rental expenses		-			
	с	Rental income or (loss)					
		Net rental income or (loss)	▶				
	7 a	Gross amount from sales of (i) Securities	(ii) Other		-		
		assets other than inventory 32,551,305					
	b	Less: cost or other basis					
		and sales expenses	•				
	C	Gain or (loss) 737959	•	737,959.			737,959.
	a 8 a	Net gain or (loss) Gross income from fundraising events (not		131,339.			131,939.
Other Revenue	0 d	including $\ 10,475$ of					
evel		contributions reported on line 1c). See					
L B		Part IV, line 18	4,749.				
the	b	Less: direct expenses	5,699.				х.
0		Net income or (loss) from fundraising events		-950.			-950.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	a				
		Less: direct expenses k					
		, , , ,	<u>.</u>				
	10 a	Gross sales of inventory, less returns					
		and allowances a					
		0) 				
ŀ	с	Net income or (loss) from sales of inventory					
-			Business Code	E 40E		E 40E	
		LOSS FROM PARTNERSHIP	523000	-5,425.		-5,425.	
	b					,	
	с Ь	All other revenue					
	и 	Total. Add lines 11a-11d	b	-5,425.			
	12	Total revenue. See instructions.		12,920,607.	8057062.	-5,425.	1,929,472.
02200				······································		, ·····	

UNIVERSITY OF WEST FLORIDA FOUNDATION INC

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) but are not required to complete columns (B), (C), and (D). (A) Total expenses **(C)** Management and general expenses (D) Fundraising (B) Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 920,001. the U.S. See Part IV, line 22 920,001. Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 _____ Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,126,450. 7 2,536,569. 255,176. 154,943. Pension plan contributions (include section 401(k) 8 and section 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): 11 а Management 11,492. 711. 10,781. b Legal 14,780. Accounting _____ 33,530. 18,750. С 60,225. 60,225. Lobbying d 12,997. 12,997. е Professional fundraising services. See Part IV, line 17 302,974. 302,974. Investment management fees f 352,317 8,820. 400,207. 39,070. g Other _____ Advertising and promotion 12 237,578. 204,505. 31,942. 1,131. Office expenses 332,693. 230,505. 47,543. 54,645. 13 Information technology 14 15 Royalties 978,790. 945,257. 33,533. 16 Occupancy 258,130. 3,824. 218,164. 36,142. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 79,427. 48,061 7,185. 24,181. 19 2,126,157. 2,126,157. 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 1,510,152. 1,508,301. 1,851. 22 201,747. 19,340. 221,087. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 755,985. 754,663. 1,275. 47. a REPAIR/MAINTENANCE/SUPP 437,140. b UNIVERSITY/STAFF SUPPOR 437,140. 252,747. 252,747. c HOUSING RELATED EXPENSE d BAD DEBT EXPENSE 11,632. 18,016. -6,384. е 33,972. 66,288. 25,249. 7,067. f All other expenses 11,545,801. 10,397,464. 267,655. 880,682. 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here 🕨 🛄 if following

SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...

Form 990 (2009)

UNIVERSITY	OF	west	FLORIDA
FOUNDATION	INC	7	

1.0		Bulanco choci			
		-	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,121,150.	1	4,071,182.
	2	Savings and temporary cash investments	28,685,140.	2	18,721,871.
	3	Pledges and grants receivable, net	2,187,476.	3	1,886,640.
	4	Accounts receivable, net	274,226.	4	389,973.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
ŝts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
<	9	Prepaid expenses and deferred charges	120,260.	9	100,561.
	10a				
		basis. Complete Part VI of Schedule D 10a 50,614,836.			
	b				
	11	Investments - publicly traded securities	34,297,839.	11	37,837,283.
	12	Investments - other securities. See Part IV, line 11	11,307,112.	12	12,557,346.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	4,038,386.	14	4,349,749.
	15	Other assets. See Part IV, line 11	111,900,600.	15	4,349,749.
*****	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,186,008.	16 17	3,709,086.
	17 18	Accounts payable and accrued expenses Grants payable	,00,000.	17	,000.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	44,387,390.	20	43,495,392.
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D	11/00//0000	21	10/100/001
itie	22	Payables to current and former officers, directors, trustees, key employees,	· ·		
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	207,293.	25	210,525.
	26	Total liabilities. Add lines 17 through 25	45,780,691.	26	47,415,003.
		Organizations that follow SFAS 117, check here 🕨 🛛 🛛 and complete	х. 		
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	9,542,365.	27	10,620,588.
Bal	28	Temporarily restricted net assets	13,751,493.	28	15,575,649.
pu	29	Permanently restricted net assets	42,826,051.	29	44,033,074.
л Е		Organizations that do not follow SFAS 117, check here 🕨 🛄 and			
SOL		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	66 110 000	32	70 220 211
_	33	Total net assets or fund balances	66,119,909. 111,900,600.	33	70,229,311. 117,644,314.
	34	Total liabilities and net assets/fund balances	1 111,300,000.	34	<u>/,044,314.</u>

Form **990** (2009)

Form 990 (2009) Part X Balance Sheet

UNIVERSITY	OF	WEST	FLORIDA
FOUNDATION	INC	7	

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🔲 Cash 🛛 🔀 Accrual 🦳 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
с				
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990 (2009)

Form 990 (2009)

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	D ULE A 90 or 990-EZ)										омв No. 1545-0047		
_		Comple	ete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.									•	
Department o Internal Rever	of the Treasury nue Service	► A	ttach to Form 990 or Fo	•			instructio	ons.		Open t Insp	o Publ ection	IC	
Name of t	the organizat	-	SITY OF WEST			•			mployer	identificat	ion nu	mber	
			ION INC						5	9-6166	292		
Part I	Reason	for Public Char	rity Status (All organi:	zations mu	ist comple	te this par	t.) See ins	tructions.					
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)						
1	A church, co	onvention of churche	s, or association of chur	ches desc	ribed in s e	ection 170	(b)(1)(A)(i).					
2	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E.))								
з 🛄	A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(iii).						
4	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter	the hospita	l's nam	ne,	
r	city, and stat	te:											
5 X	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or op	perated by	/ a govern	mental un	it describ	oed in			
		0(b)(1)(A)(iv). (Compl											
6	A federal, sta	ate, or local governm	ent or governmental uni	it describe	d in sectio	on 170(b)(1)(A)(v).						
7			eives a substantial part	of its supp	port from a	governme	ental unit c	or from the	e general	public desc	ribed i	in	
[]		(b)(1)(A)(vi). (Comple											
8			section 170(b)(1)(A)(vi).										
9 📖			eives: (1) more than 33							-			
			nctions - subject to certa	-	-					-			
			axable income (less sec	tion 511 ta	ax) from bu	isinesses a	acquired b	y the orga	anization	after June (30, 197	75.	
		509(a)(2). (Complete											
10			perated exclusively to te										
11 📖	-		perated exclusively for the		•		-		-	• •		or	
			ations described in secti				2). See se o	ction 509((a)(3). Ch	eck the box	that		
			organization and compl	[]	-					٦			
	a Type		<u>,</u> ,		e III - Func	•	-		d	Type III -			
e 📖			at the organization is not									In	
			han one or more publicly						9(a)(1) or	section 509)(a)(2).		
f			ten determination from t	the IRS the	at it is a Ty	pe I, Type	II, or Type	∋ III					
		rganization, check th						••••••		• • • • • • • • • • • • • • • • • • • •		. L]	
g	0		organization accepted ar			5		0.				·	
			irectly controls, either al								Yes	No	
	the gove	erning body of the si	upported organization?		•••••	•••••				<u>11g(i)</u>			
	(ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)												
						••••••				11g(iii)		l	
h	Provide the fe	ollowing information	about the supported or	ganization	(S).								
			(iii) Type of	(in) to the e	rapplaction	(a) Did up		(vi) ls	the				
(i) Name of supported		(ii) EIN	organization		organization sted in your			lorganizati	on in col.		nount o	it	
orga	nization		(described on lines 1-9		document?			(i) organiz U.S	ed in the	sup	port		
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No				
				103	140	100	110	103					

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

Schedule A (Form 990 or 990-EZ) 2009

Total

UNIVERSITY	OF	WEST	FLORIDA

 Schedule A (Form 990 or 990-EZ) 2009 FOUNDATION INC
 59-6166292 Page 2

 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)🍉	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,062,092.	3,456,286.	6,340,266.	2,346,122.	2,939,498.	17,144,264.
2	Tax revenues levied for the organ-						
	ization'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						
4	Total. Add lines 1 through 3	2,062,092.	3,456,286.	6,340,266,	2,346,122.	2,939,498.	17,144,264.
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)	1					
6	Public support. Subtract line 5 from line 4.			the second s			17,144,264.
	ction B. Total Support	l		------ -			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	2,062,092.	3,456,286.	6,340,266.	2,346,122.	2,939,498.	17,144,264.
	Gross income from interest,	2,002,095.					
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,428,140.	1,489,746,	1,552,377.	2,348,371.	1,156,203.	7,974,837.
9	Net income from unrelated business	<u> </u>	1,405,740.	1,332,377.	<u></u> , <u>5</u> <u>+</u> 0, <u>5</u> <u>7</u> <u>+</u> .	1,100,100,	1,011,001.
Ũ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)	1/3 571	160,637.	80,409.	12,500.	217 796	614,913.
44	Total support. Add lines 7 through 10	<u></u>	100,037.	00,±00.	, <u>500</u> ,	211,1501	25,734,014.
	Gross receipts from related activities,	oto (non instructio				12 36	,563,822.
	First five years. If the Form 990 is for	•		fourth or fifth tax			, 505, 022.
10	organization, check this box and stop	•			-		
Sec	tion C. Computation of Publ	ic Support Per	rcentage			······	
	Public support percentage for 2009 (I					14	66.62 %
	Public support percentage from 2008					15	64.01 %
	33 1/3% support test - 2009. If the or						
104	stop here. The organization qualifies	-					
Ь	33 1/3% support test - 2008. If the ol						
	and stop here. The organization quali						······
	10% -facts-and-circumstances test						
17a	and if the organization meets the "fac	_					
	-						
	meets the "facts-and-circumstances" 10% -facts-and-circumstances test	-					
		-					
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ			-			
10	Private foundation, If the organization	п иш пот спеск а с	Jox on line 13, 16a,	100, 178, 0 <u>17</u> 0,	CHECK THS DOX 8		

Schedule A (Form 990 or 990-EZ) 2009

Sch Pa	edule A (Form 990 or 990-EZ) 2009 art III Support Schedule for (Organizations	Described in	Section 509(a	a)(2) (Complete on	v if you checked the b	Page 3
	ction A. Public Support	¥		······	Je Jeompiero em	<u>j ii joo onoonoo nio s</u>	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(-)/					
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						-
U	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						-
	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						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)	·					
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990 is for	[.] the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						>
	tion C. Computation of Publ						
	Public support percentage for 2009 (I						%
	Public support percentage from 2008					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20						%
	Investment income percentage from 2						%
	33 1/3% support tests - 2009. If the						17 is not
	more than 33 1/3%, check this box at 33 1/3% support tests - 2008. If the	-					
	line 18 is not more than 33 1/3% , che	ck this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organizatio	n did not check a	hoy on line 14 10	a or 19h check t	his hoy and see in	estructions	

Schedule A (Form 990 or 990-EZ) 2009

Schedule E	3
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(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

59-6166292

Name of the organization

UNIVERSITY	OF	WEST	FLORIDA
FOUNDATION	INC	2	

Organization type (check one):

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

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

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

General Rule

🔜 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X	For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization UNIVERSITY OF WEST FLORIDA FOUNDATION, INC. Page <u>1</u> of <u>2</u> of Part I Employer identification number

59-6166292

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DONOR	\$ 91,800.	Person□Payroll□Noncash✓(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	DONOR	\$ 277,050.	PersonImage: Complete Part II of there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	DONOR	\$ 100,000.	Person✓Payroll□Noncash□(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	DONOR	\$ 114,850.	Person□Payroll□Noncash✓(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	DONOR	\$ 150,000.	PersonImage: Complete Part II of there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	DONOR	\$ 375,000	PersonImage: Complete Part II if there is a noncash contribution.)

Schedule B (Form	n 990, 990-EZ, or 990-PF) (2010)	
· · · · · · · · · · · · · · · · · · ·	······································	

Name of organization UNIVERSITY OF WEST FLORIDA FOUNDATION, INC Page 2 of 2 of Part I Employer identification number

59-6166292

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	DONOR	\$ 215,258.	PersonImage: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person □ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person□Payroll□Noncash□(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	PersonPayrollDoncashNoncash(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	PersonIPayrollINoncashI(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person □ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.)

Name of organization UNIVERSITY OF WEST FLORIDA FOUNDATION INC Employer identification number

59-6166292

Part II Noncash Property (see instructions)

(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
TANGIBLE PROPERTY		
	\$91,800.	12/12/09
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>STOCKS</u>		
	\$\$.	08/30/09
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(C) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
	Description of noncash property given (b) Description of noncash property given	Description of noncash property given FMV (or estimate) (see instructions) TANGIBLE PROPERTY \$

Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2009)			Page of of Part III
Name of org	anization			Employer identification number
UNIVEF	RSITY OF WEST FLORIDA			
	ATION INC			59-6166292
Part III	Exclusively religious, charitable, etc., in	ndividual contributions to section	on 501(c)(7), (8), or (10) o	organizations aggregating
	more than \$1,000 for the year. Complet Part III, enter the total of <i>exclusively</i> religi	e columns (a) through (e) and the	following line entry. For	organizations completing
	\$1,000 or less for the year. (Enter this inf	ormation once. See instructions.)	► \$	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-				
			· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·
		(e) Transfer of gift	••••••••••••••••••••••••••••••••••••••	
		(c) Hansler of girl	•	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
			noradonomp or de	
			а. С	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		· · · · · · · · · · · · · · · · · · ·		
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from	(b) Purpose of gift		(a) Data	
Part I	(b) Furpose of gift	(c) Use of gift	(d) Desi	cription of how gift is held
		<u></u>		
		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(-) N	T			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I		(0) 000 01 9.11	(4) 5000	shption of now girtle here
<u> </u>				
	· · · · · · · · · · · · · · · · · · ·			
			<u> </u>	
		(e) Transfer of gift		
	Transferee's name, address, ar	id ZIP + 4	Relationship of tra	insferor to transferee
.				
				· · · · · · · · · · · · · · · · · · ·

SCHEDULE C	P	olitical Campaign a	Ind Lobbyin	g Activities		OMB No. 1545-0047
(Form 990 or 990-EZ)			2009			
Department of the Treasury Internal Revenue Service		Complete if the organize Attach to Form 990 or Form 990				Open to Public Inspection
 Section 501(c)(3) org Section 501(c) (othe Section 527 organiz If the organization ans Section 501(c)(3) org Section 501(c)(3) org If the organization ans 	wered "Yes," to ganizations: Cor r than section 5 ations: Complet wered "Yes," to ganizations that ganizations that wered "Yes," to), or (6) organiza	Form 990, Part IV, line 3, or Form nplete Parts I-A and B. Do not com 01(c)(3)) organizations: Complete F	n 990-EZ, Part VI, lin plete Part I-C. Parts I-A and C below. n 990-EZ, Part VI, lin ler section 501(h)): Co n under section 501(h Tax), then	e 46 (Political Camp Do not complete Par e 47 (Lobbying Action omplete Part II-A. Do n)): Complete Part II-B	rt I-B. vities), not con 3. Do no	then nplete Part II-B,
	FOUNDAT	ION INC				<u>59-6166292</u>
		ganization is exempt unde			27 or	ganization.
2 Political expenditur	es	zation's direct and indirect political				
Part I-B Compl	ate if the or	ganization is exempt unde	r section 501(c)(3)		
I		incurred by the organization under			2 4	
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				
						Yes I No
	ete if the org	panization is exempt unde		-)(3).
		d by the filing organization for secti			▶\$_	
		ization's funds contributed to othe	-		Ε.	
					. 🏲 \$ _	
•	•	s. Add lines 1 and 2. Enter here and			κ.	
		1120-POL for this year?				
		nployer identification number (EIN)				
		he amount paid from the filing orga				
		vered to a separate political organ	ization, such as a sep	arate segregated fun	nd or a	political action committee
		I, provide information in Part IV.		1	Т	
(a) Name		(b) Address	(c) EIN	(d) Amount paid fa filing organization funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
						<u></u>
				{		

Schedule C (Form 990 or 990-EZ) 2009

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

LHA

		OF WEST FL	ORIDA		
Schedule C (Form 990 or 990 EZ) 2009	FOUNDATION	INC	<u> </u>	59-6	166292 Page 2
Part II-A Complete if the org		npt under sectio	n 501(c)(3) and fil	ed Form 5768	
	,				
	tion belongs to an affil				
B Check 🕨 🛄 if the filing organiza	tion checked box A ar	id "limited control" pro	ovisions apply.		
Limi	ts on Lobbying Exper	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expen	ditures" means amou	nts paid or incurred.)	totals	
1a Total lobbying expenditures to infl		arana roota lobbying)		· · · · ·	
b Total lobbying expenditures to infl				60,225.	· · · ·
c Total lobbying expenditures (add l				60,225.	
d Other exempt purpose expenditur				10336931.	
e Total exempt purpose expenditure	es (add lines 1c and 1d			10397156.	
f Lobbying nontaxable amount. Ent				669,858.	
If the amount on line 1e, column (a) o		bying nontaxable am			· ·· ··
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17		0 plus 5% of the exce			
Over \$17,000,000	\$1,000,0)00.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			167,465.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0- 🦲			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze	ro on either line 1h or l	ine 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?			L	Yes No
<i>(</i> -)		raging Period Under	•••		
			n do not have to comp es 2a through 2f on pa		
		ditures During 4-Yea	-	ige 4.)	
		laitures During 4-Yea	ar Averaging Period		1
Calendar year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
(or fiscal year beginning in)	(u) 2000	(6) 2001	(0) 2000	(4) 2000	
2a Lobbying nontaxable amount	672,685.	689,830.	711,481.	669,858.	2,743,854.
b Lobbying ceiling amount	07270031		/	0057050.	2/140/004.
(150% of line 2a, column(e))					4,115,781.
c Total lobbying expenditures	89,970.	60,150.	60,150.	60,225.	270,495.
······································	I. 5	· · · · · · · · · · · · · · · · · · ·		£	
d Grassroots nontaxable amount	168,171.	172,458.	177,870.	167,465.	685,964.
e Grassroots ceiling amount	· 1:1:				
(150% of line 2d, column (e))					1,028,946.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

UNIVERSITY OF WEST FLORIDA

Schedule C (Form 990 or 990-EZ) 2009 FOUNDATION INC 59-616629 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Ye 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912	s No	Am	nount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			· · · · · · · · · · · · · · · · · · ·
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
a Volunteers?			· · · · · · · · · · · · · · · · · · ·
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
d Mailings to members, legislators, or the public?			
 e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 			
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5), or :	section	
501(c)(6).			
		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-/ "Yes."			t
1 Dues, assessments and similar amounts from members	1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			******
expenses for which the section 527(f) tax was paid).			
a Current year	2a		
b Carryover from last year			
c Total			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			
 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political			
expenditure next year?			
5 Taxable amount of lobbying and political expenditures (see instructions)			
Part IV Supplemental Information omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part			

Schedule	D	
(Form 990)		

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047
0000
2009
Open to Public
In an a shi a m

	ment of the Treasury I Revenue Service	Attach to Form	990. ► See separate instructions.		Inspection
	e of the organizati		······································	Emp	loyer identification number
	• • • • • • 5 -•••	FOUNDATION INC			59-6166292
Par	tl Organiza		d Funds or Other Similar Funds o	r Accou	
	organizatio	n answered "Yes" to Form 990, Part IV, line	e 6.		
			(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at er	nd of year			
2		utions to (during year)			
3	Aggregate grants f	from (during year)			
4	Aggregate value at	t end of year			
5	Did the organizatio	on inform all donors and donor advisors in v	writing that the assets held in donor advised	funds	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be us		
			r donor advisor, or for any other purpose co		
					Yes No
Par			janization answered "Yes" to Form 990, Parl		
1		servation easements held by the organizati			· · · · · · · · · · · · · · · · · · ·
	l	of land for public use (e.g., recreation or p		ically impo	ortant land area
		f natural habitat	Preservation of a certifie		
	Preservation	of open space			
2			ied conservation contribution in the form of	a conserva	ition easement on the last
_	day of the tax year				
					Held at the End of the Tax Year
а	Total number of co	unservation easements			
b					······································
		-	ucture included in (a)		
			after 8/17/06		
			eased, extinguished, or terminated by the or		during the tax
	year >	valion easements moullied, transferred, rei	eased, extinguished, or terminated by the of	ganzation	
	-	where property subject to conservation eas	sement is located		
		tion have a written policy regarding the per			
	-	procement of the conservation easements it			Yes No
			holds?		
			enforcing conservation easements during the		
			e satisfy the requirements of section 170(h)		p
	and section 170(h)	· · · · · · · · · · · · · · · · · · ·			Yes No
	· · ·		an accompate in its revenue and averages at		
			on easements in its revenue and expense st		
			ion's financial statements that describes the	rorganizat	Ion's accounting for
Par	conservation easer		Art, Historical Treasures, or Oth	er Simil	ar Assets
1 41	+	the organization answered "Yes" to Form			
		the organization answered Tes to Form			
10	If the organization	plasted as permitted under SEAS 116 not	to report in its revenue statement and bala	non aboat	works of art historical
	-	•	t to report in its revenue statement and bala		
		-	lucation, or research in furtherance of public	service, p	rovide, in Part XIV, the text of
		financial statements that describes these it		oboot word	a of ort biotoxical tracer year
	-		report in its revenue statement and balance		
		ets held for public exhibition, education, of	r research in furtherance of public service, p	rovide the	tollowing amounts relating to
	these items:			. .	b
	• •				2,644,920.
	-		asures, or other similar assets for financial ga	aın, provide	e
		nts required to be reported under SFAS 1*	-		
					ß
b.	Assets included in	Form 990, Part X		🕨 🤅	5

Cala		ITY OF WES	T FL	ORIDA				E0 6	16600	2 6) ?
	edule D (Form 990) 2009 FOUNDAT rt III Organizations Maintaining C		Hiel	torical Tr		r Othe			16629		
L	Using the organization's acquisition, access										
3	(check all that apply):	on, and other record	is, checi	cany or the	ioliowing tha	i ale a si	ynncan	use of it	S COllectic	nniei	115
-	X Public exhibition	d			hange progra	2220					
a L											
b	Scholarly research	е		Other							
c		ellections and avala	n have th	ou furthor th	aa araanizati	onio ovor	not purp	ana in D			
4	Provide a description of the organization's c							JSEINP	an Arv.		
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pa	rt IV Escrow and Custodial Arran								<u> </u>	L_Z	
L	reported an amount on Form 990, Pa	rt X, line 21.	-					art i v, iii	9,01		
1a	Is the organization an agent, trustee, custod on Form 990, Part X?							Ľ	Yes		No
b	If "Yes," explain the arrangement in Part XIV										
	, ,		5						Amour	nt	
с	Beginning balance						1c				
d	Additions during the year								· ·		
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIV										
Pa			swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.				
L		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three y	/ears bac	:k (e) Foι	ır year	s back
1a	Beginning of year balance	39,183,437.	54	,255,781.							
b	Contributions	1169999.	******	13613.							
с	Net investment earnings, gains, and losses	5032996.	-12	,398,267.							
d	Grants or scholarships	565,859.		04494.		-					
	Other expenditures for facilities										
	and programs	1031677.	18	10024.							
f	Administrative expenses	897,895.	11	73172.							
g	End of year balance	42,891,001.		,183,437.							
2	Provide the estimated percentage of the yea			4							
а	Board designated or quasi-endowment	1.45	%								
b	Permanent endowment > 98.55	%									
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held a	nd administe	red for th	ne organiz	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations										Х
b	If "Yes" to 3a(ii), are the related organizations										
4	Describe in Part XIV the intended uses of the										
Par	t VI Investments - Land, Building	s, and Equipme	ent. Se	e Form 990,	Part X, line ⁻	10.					
	Description of investment	(a) Cost or o basis (investn		<b>(b)</b> Cost basis (	1	•••	cumulate preciation		(d) Boo	ok valı	ue
	Land		·····	10001					1,45	1 /	182
	Land					10 7	730,1	70	$\frac{1,40}{24,79}$		
	Buildings		400.			14,1	JU, 1	13.	44,19	5,0	101.
	Leasehold improvements		867			1	.54,9	18	Λ	7 0	919.
	Equipment	11 100				۲	.54,9		$\frac{4}{11,42}$		
	<u>Other</u>			an (D) line 1	0(0)				$\frac{11}{37}, \frac{42}{72}$		
Total	. Aud miles ta unough te, (Column (d) MUSLE	γυαι Γυπτ 990, Ράπτ	∧, coiu∏	<u>пт (D), Ште Т</u>	<u> </u>	<u></u>			<u>57,72</u> le D (Forr		

Schedule D (Form 990) 2009

ê

Schedule D (Form 990) 2009 FOUNDATION	OF WEST FLORII TNC		59-6166292 Page <b>3</b>
Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of v Cost or end-of-year	
Financial derivatives			
Closely-held equity interests			
Other COMMINGLED FUNDS	11,205,481.	END-OF-YEAR MARK	קיח דיד איז דידים
PRIVATE EQUITY FUNDS	342,347.	END-OF-YEAR MARK	
REAL ESTATE INVESTMENT TRUST	1,009,518.	END-OF-YEAR MARK	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) 🕨	12,557,346.		
Part VIII Investments - Program Related. Se	e Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	
		· · · · · · · · · · · · · · · · · · ·	
		······	
	1		·····
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) <b>&gt;</b>			
Part IX Other Assets. See Form 990, Part X, line	15.		nter alla
(a) [	Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line	151		▶
Part X Other Liabilities. See Form 990, Part X, U	10.7 ine 25.		
1. (a) Description of liability		(b) Amount	
Federal income taxes			
SPLIT INTEREST AGREEMENTS		210,525.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for

	UNIVERSITY OF WEST FLORIDA	L						
	dule D (Form 990) 2009 FOUNDATION INC						<u>5292</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	o Audite	d Financ	cial Stat	emen			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	• • • • • • • • • • • • • • • • • • • •		1				<u>,607.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2				<u>,801.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				<u>,806.</u>
4	Net unrealized gains (losses) on investments			4		,	944	,690.
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7		1	210	,094.
8	Other (Describe in Part XIV.)			8				, <u>094</u> . ,596.
9	Total adjustments (net). Add lines 4 through 8			9 10				, <u>402.</u>
10 Par	t XII Reconciliation of Revenue per Audited Financial Statements.				Retur		109	,402.
1						Т	855	,203.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• • • • • • • • • • • • • • • • • • • •					055	/ 2051
a	Net unrealized gains on investments	2a	3.94	4,690				
b	Donated services and use of facilities				1			
	Recoveries of prior year grants							,
d	Other (Describe in Part XIV.)		-1	0,094	•			
е	Add lines 2a through 2d	••••••			2e	3	934	,596.
3	Subtract line 2e from line 1				3			,607.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a						
b	Other (Describe in Part XIV.)	. 4b						
с	Add lines 4a and 4b							0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5		920	<u>,607.</u>
Par	t XIII Reconciliation of Expenses per Audited Financial Statem							
1	Total expenses and losses per audited financial statements				1	11,	545	<u>,801.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1						
	Donated services and use of facilities							
	Prior year adjustments							
	Other losses							
	Other (Describe in Part XIV.)							0
	Add lines 2a through 2d				2e	11	EVE	0.
	Subtract line 2e from line 1				3	<u> </u>	545	<u>,801.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)		· · ·		-			
	· · · · · · · · · · · · · · · · · · ·				10			0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				4c 5	11	545	,801.
	t XIV Supplemental Information				5	/	<u>J=J</u>	,001.
L	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II lines 1a	and 4 [.] Par	t IV lines	1b and	2b: Par	t V. line	4: Part
•	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com							,,. a.i
	T III, LINE 4: THE COLLECTION WILL BE DIS	•						
MUS	EUM AS ARTIFACTS FOR EDUCATION. THE UNIVE	RSITY	BOAR	DOF	FRUS	TEES	HAS	3

SIGNED A LEASE AGREEMENT TO BEGIN CONSTRUCTION WITHIN FIVE YEARS.

#### PART V, LINE 4: THE INCOME FROM THE ENDOWMENT FUNDS IS TO BE USED FOR

SCHOLARSHIPS, PROFESSORSHIPS, AND PROGRAMS OF THE UNIVERSITY OF WEST

FLORIDA. ALL FUNDS ARE USED TO ADVANCE THE MISSION OF THE UNIVERSITY.

UNIVERSITY	OF	WEST	FLORIDA
FOUNDATION	TNO	r	

Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2009

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN SPLIT-INTEREST AGREEMENT VALUE: -11044.

OTHER CHANGES IN NET ASSETS-990 : -1200000.

LOSS ON FUNDRAISING (GOLF TOURNAMENT): 950.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENT VALUE : -11044.

LOSS ON FUNDRAISING (GOLF TOURNAMENT): 950.

Schedule F (Form 990)		Complete if the	ivities Outside the Ur e organization answered "Yes" to Fo Part IV, line 14b, 15, or 16. orm 990. ► See separate instruction	rm 990,	ites	OMB No. 1545-0047 <b>2009</b> Open to Public
Internal Revenue Service						Inspection
Name of the organizati UNIVERSITY O		דהא			Employer ider	ntification number
FOUNDATION I		LDA			59-6166	292
		Activities Ou	tside the United States. Comp	lete if the organ		
0 0000	0, Part IV, line 14b.					
-	-		ds to substantiate the amount of the g selection criteria used to award the gr			Yes No
2 For grantmakers.	Describe in Part IV th	e organization's	procedures for monitoring the use of	grant funds out	side the United	States.
			Iditional space is needed.)	1		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAN	D) 0	0	PROGRAM SERVICES	STUDY ABROF	۵D	17,487.
CENTRAL AMERICA ANI THE CARIBBEAN	DO	0		INVESTMENTS	3	0.
Totals	🍋 💦	0				17.487.
		······································				

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

Schedule F (Form 990) 2009

## UNIVERSITY OF WEST FLORIDA

Schedule F (Form 990) 200	9 FOUNDA	<u>FION INC</u>			<u> </u>	66292		Page 2
			utside the United States		rganization answered	d "Yes" to Form 9	90, Part IV, line 15, fo	or any
			one recipient received mo	re than \$5,000				🕨 📖
	-1 (Form 990) if additiona	al space is needed.						
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
the IRS, or for which	the grantee or counsel I	nas provided a section	ecognized as charities by 501(c)(3) equivalency lette	er			Sche	dule F (Form 990) 2009

#### UNIVERSITY OF WEST FLORIDA FOUNDATION INC

59-6166292

Page 3

#### Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

	Use Schedule F-1 (Form 990) if additional space is needed.									
(a	a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
	· · · · · · · · · · · · · · · · · · ·									
					· · · · · · · · · · · · · · · · · · ·					
					••••••••••••••••••••••••••••••••••••••					
			-							

Schedule F (Form 990) 2009

932073 02-01-10

Schedule F (Form 990) 2009

SCHEDULE G	:	Supplemental Infor					-	OMB No. 1545-00	)47
(Form 990 or 990-EZ)		Fundraising or Ga		-				ZUUS	3
Department of the Treasury Internal Revenue Service	or if	e if the organization answered "Ye the organization entered more tha <u>Attach to Form 990 or Form 990-</u>	an \$15,	000 o	n Form 990-EZ, line	6a.	1	Open To Publ Inspection	ic
Name of the organizatio	the organization UNIVERSITY OF WEST FLORIDA Employer identification								
FOUNDATION INC         59-6166292           Part I         Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not									
Part I Fundrals required to	complete this par	<ul> <li>Complete if the organization answ it.</li> </ul>	verea "	res" t	o Form 990, Part IV, I	line 1	7. Form 990-E	2 filers are not	
<ul> <li>a X Mail solicitation</li> <li>b X Internet and</li> <li>c X Phone solicitation</li> <li>d X In-person solicitation</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitation tations vlicitations on have a written o red in Form 990, F n highest paid ind	s f Solicita g X Specia or oral agreement with any individua Part VII) or entity in connection with lividuals or entities (fundraisers) pure	ation of ation of al fundra al (inclue profess	non-g gover aising ding o ional t	overnment grants rnment grants events fficers, directors, true fundraising services?	stees	X Ye		lo
(i) Name of ind or entity (fund		(ii) Activity	fùndi have c or cor	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount to (or retaine organizat	ed by)
CHARITABLE A	UTO	· · · · · · · · · · · · · · · · · · ·	Yes	No					
RESOURCES, I	NC.	VEHICLE DONATION	X		31,960.		9,588.	22,3	;72.
LIBBIE HAMBL	ETON	UNDERWRITING		x	20,342.		6,883.	13,4	59.
			_						
w					2				
		······································							
· · · · · · · · · · · · · · · · · · ·									
		· · · · · · · · · · · · · · · · · · ·							
Total					52,302.		16,471.	35,8	31.
		n is registered or licensed to solicit							
AK, AR, AZ, CA, C	<u>CO,CT,HI,</u>	KY,LA,ME,MD,MA,MI,	, MN ,	NH,	NJ,NY,OH,O	к,с	DR,SC,UI	',VA,WA,	WV
								· · · · ·	
							········		<u></u>
	· · · · · · · · · · · · · · · · · · ·								
	1999-1990 Film, 200								

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		IINTVER	SITY OF WEST	FLORTDA		
Sch	edu		TION INC		59-	-6166292 Page 2
Pa	art			Yes" to Form 990, Pa		
		on Form 990-EZ, line 6a. List events with	gross receipts greater than	1 \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ALUM GOLF		NONE	(add col. (a) through
			TRN.			- col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	15,224.			15,224.
	2	Less: Charitable contributions	10,475.			10,475.
	3	Gross income (line 1 minus line 2)	4,749.			4,749.
	4	Cash prizes				
es	5	Noncash prizes	608.			608.
ztbens	6	Rent/facility costs	2,419.			2,419.
Direct Expenses	7	Food and beverages	896.			896.
	8	Entertainment				
	9	Other direct expenses	1,776.			1,776.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	( 5,699)

10 Direct expense summary. Add lines 4 through 9 in column (d)

11 Net income summary. Combine line 3, column (d), and line 10.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total ga col. (a) throu					
Re	1 Gross revenue									
ses	2 Cash prizes									
Expenses	3 Noncash prizes									
Direct E	4 Rent/facility costs									
	5 Other direct expenses									
	6 Volunteer labor No Yes % Yes %									
<ul> <li>7 Direct expense summary. Add lines 2 through 5 in column (d)</li> <li>8 Net gaming income summary. Combine line 1, column (d), and line 7</li> </ul>										
	5 Net gaming meene summary. Somblie line 1,					Yes No				
	Enter the state(s) in which the organization operate Is the organization licensed to operate gaming act				9a					
b	If "No," explain:									
<ul> <li>10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</li> <li>b If "Yes," explain:</li> </ul>										
11	Does the organization operate gaming activities wi	ith nonmembers?			11					
12	Is the organization a grantor, beneficiary or trustee administer charitable gaming?				12					

-950

#### UNIVERSITY OF WEST FLORIDA FOUNDATION INC

5	9	 6	1	6	6	2	9	2	Page	эз

Schedule G (Form 990 or 990 EZ) 2009 FOUNDATION INC		59-616	629	2 Pa	age 3
				Yes	No
13 Indicate the percentage of gaming activity operated in:					
a The organization's facility	13a	%			
b An outside facility		%			
14 Enter the name and address of the person who prepares the organization's gaming/special events books		ords:			
······································					
Name 🕨		,			
Address 🕨					
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	enue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ar	nd the am	ount			
of gaming revenue retained by the third party $\blacktriangleright$ \$ c If "Yes," enter name and address of the third party:					
c in Yes, enter hame and address of the third party:					
Name 🕨					
Address 🕨		<del></del>			
16 Gaming manager information:					
Name 🕨					
Gaming manager compensation 🕨 💲					
Description of services provided 🕨					
Director/officer Employee Independent contractor					
17 Mandatory distributions:					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	, ,				
retain the state gaming license?			17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organization			17.4		
organization's own exempt activities during the tax year > \$	s or shere				
$\phi$					

Schedule G (Form 990 or 990-EZ) 2009

SCHEDU (Form 99				Grants and	l Other Assistance	e to Organization	s.		OMB No. 1545-0047			
0 0111 93	0)				s, and Individuals	•	•		2009			
Department o Internal Reve	of the Treasury enue Service	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.										
Name of t	FOU	<u>INDATIO</u>		FLORIDA					Employer identification number 59-6166292			
Part I	General Information	on Grants ar	nd Assistance									
crite	es the organization main eria used to award the g	rants or assis	tance?									
2 Des Part II	cribe in Part IV the orga											
raitii	Grants and Other As								-			
1 (2)	Name and address of or		(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(Form 990) if addition (g) Description of	(h) Purpose of grant			
i (a)	or government	ganization	(b) EIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance				
									· ·			
				· · · · · · · · · · · · · · · · · · ·				a) ana a				
2 Ent	er total number of section	$\frac{1}{2}$	ad government or	ganizations		<u> </u>	I					
	er total number of sector											
	or Privacy Act and Pape						<u></u>		Schedule I (Form 990) 2009			

Page 2

Schedule	UNIVERSITY OF I (Form 990) 2009 FOUNDATION IN		IDA			59-6166292 Page
Part III		United States. Com	plete if the organiz	ation answered "Yes	" to Form 990, Part IV, line 22.	
-	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<u>SCHOLAR</u>	SHIPS		920,001	0.	FAIR MARKET VALUE	N/A
-						
Part IV	Supplemental Information. Complete this part to pr	ovide the informatio	n required in Part I	l , line 2, and any othe	r additional information.	
SCHEI	DULE I, PART I, LINE 2: SCHO	LARSHIPS A	ND GRANTS	ARE AWARDE	D BY THE	
FOUNI	DATION THROUGH THE UNIVERSIT	Y OF WEST	FLORIDA (I	JWF). UWF A	DHERES TO ANY	
APPLI	CABLE STATE AND FEDERAL GUI	DELINES, A	S WELL AS	THE GUIDEI	INES FROM	
DONOF	AGREEMENTS. THE FOUNDATION	REIMBURSE	S UWF FOR	AWARDS TO	STUDENTS,	
THUS	NO DIRECT PAYMENTS ARE MADE	TO GRANT/	SCHOLARSH	IP RECIPIEN	ITS FROM THE	

FOUNDATION.

932102 02-02-10

sc	HEDULE J	Compensation Information	ł	OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	na	
		Compensated Employees Complete if the organization answered "Yes" to Form 990,		LU	UJ	J
Depa	rtment of the Treasury	Part IV, line 23.		Open to		ic
	al Revenue Service ne of the organizati	Attach to Form 990. See separate instructions.	Employer ider	·····	ection	mbor
INCH	ne of the organizati	on UNIVERSITY OF WEST FLORIDA FOUNDATION INC	59-61			mber
Pa	rt I Question	s Regarding Compensation		5025	4	
			****		Yes	No
1a	Check the appropri	iate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Dayments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments	3			
	Discretionary :	spending account Personal services (e.g., maid, chauffeur, c	hef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				ļ
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b	X	
2		n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dire			v	
	trustees, and the C	EO/Executive Director, regarding the items checked in line 1a?		2	X	
3	Indicate which if a	ny, of the following the organization uses to establish the compensation of the organization's				
Ű		ector. Check all that apply.	1			
	Compensation					
	· ·	compensation consultant Compensation survey or study				-
		ther organizations	ommittee			
4	During the year, did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				l
	organization or a re	lated organization:				
а		e payment or change-of-control payment?		4a		X
b		ceive payment from, a supplemental nonqualified retirement plan?		<u>4b</u>		X
С		ceive payment from, an equity based compensation arrangement?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	<b>0</b> 1					
-		)(3) and 501(c)(4) organizations must complete lines 5-9.	_			
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	1			
~	contingent on the re			5a		x
		ation?		5a 5b		X
D.		r 5b, describe in Part III.				
6		ו Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n		· .	
Ũ	contingent on the n				a a tra	
а	-	с 		6a		x
		ation?		6b		X
		6b, describe in Part III.				
7	For persons listed ir	n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	1			
		es 5 and 6? If "Yes," describe in Part III		7		X
		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
		ption described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?		9	l	
LHA	For Privacy Act ar	nd Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forn	າ 990)	2009

932111 02-02-10

Schedule J (Form 990) 2009 FOUNDATION INC

### 59-6166292

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	<b>(D)</b> Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	Form 990-EZ
	(i)	0.	0.	0.	0.	0.	0.	0.
DR. JUDITH A. BENSE	(ii)	218,981.	0.	0.	46,573.	6,620.	272,174.	202,413.
	(i)	0.	0.	0.	0.	0.	0.	0.
DR. CHULA KING	(ii)	210,720.	0.	0.	21,040.	13,821.	245,581.	<u>229,330.</u>
	(i)	0.	0.	0.	0.	0.	0.	0.
DR. HAL M. WHITE JR.	(ii)	204,060.	0.	0.	20,733.	6,511.	231,304.	220,897.
	(i)	0.	0.	0.	0.	0.	0.	0.
DR. MORRIS L. MARX	(ii)	186,990.	0.	0.	18,696.	11,111.	216,797.	304,361.
	(i)	0.	0.	0.	0.	0.	0.	0.
DR. FRANK E. RANELLI	(ii)	172,192.	0.	0.	18,426.	11,281.	201,899.	192,559.
	(i)	0.	0.	0.	0.	0.	0.	0.
DR. JOHN F. AZZARETTO	(ii)	171,591.	0.	0.	17,803.	11,285.	200,679.	191,443.
	(i)	0.	0.	0.	0.	0.	0.	0.
DR. JANET K. PILCHER	(ii)	173,570.	0.	0.	18,074.	5,428.	197,072.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
DR. LEASHA M. BARRY	(ii)	198,568.	0.	0.	8,132.	5,186.	211,886.	0.
	(i)							
	(ii)							
	(i)							
· .	(ii)							
	(i)							
· · · · · · · · · · · · · · · · · · ·	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form	UNIVERSITY OF WEST FLORIDA 990) 2009 FOUNDATION INC	59-6166292	Page 3
	mental Information		raye 3
	rt to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also comp	lete this part for any additional information.	
<u>PART I, I</u>	INE 1A: 1A. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - DR.		
JUDITH A.	BENSE IS A MEMBER OF MCGUIRE'S IRISH POLITICIAN CLUB, RESTAURA	NT	
MEMBERSHI	P, WHICH IS USED FOR THE PURPOSE OF ENTERTAINING GUESTS OF THE		
UNIVERSII	TY OF WEST FLORIDA.		
	· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·			
-			
		Schedule J (Form	990) 2009

## SCHEDULE J-2

(Form 990)

# **Continuation Sheet for Form 990**

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Department of the Treasury Inspection See the Instructions for Form 990. Internal Revenue Service UNIVERSITY OF WEST FLORIDA Employer Identification number Name of the Organization 59-6166292 FOUNDATION INC Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Part I (C) (F) (D) (E) (A) (B)Name and title Position Reportable Reportable Estimated Average (check all that apply) compensation compensation amount of hours other per from from related the organizations compensation week Highest compensated employee Individual trustee or director organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization institutional trustee and related key employee organizations Former Officer SHERI POPE 40.00 Х 0. 53,266. 5,425. DIRECTOR OF THE FOUNDATION JEFFREY DJERLEK 40.00 Х 0 39,231. 9,120. ASSISTANT DIRECTOR DR. CHULA KING 1.00 Χ 0. 210,720. 34,861. PROVOST OF THE UNIVERSITY DR. HAL M. WHITE JR. 1.00 Х 0. 204,060. 27,244. EXECUTIVE VICE PRESIDENT OF UWF DR. MORRIS L. MARX 1.00 0 186,990. 29,807. Х PROFESSOR MATHEMATICS & ST DR. FRANK E. RANELLI 172,192. 1.00 Χ 0. 29,707. DEAN OF THE COLLEGE OF BUS DR. JOHN F. AZZARETTO 29,088. 1.00 Х 0. 171,591. VICE PROVOST DR. JANET K. PILCHER 1.00 Х 0. 173,570. 23,502. FACULTY DR. LEASHA M. BARRY Χ 198,568. 13,318. 1.00 0. FACULTY

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

Schedule J-2 (Form 990) 2009

OMB No. 1545-0047

19

20

Department of the Treasury Internal Revenue Service	if the orgar explanatic	plemental In hization answere ons, and any add Attach to Fo	ed "Yes ditional	" to Form 99 information	0, Part IV, İin on Schedule	e 24a. F O (Forr	Provide descript	ions,		Oper	OMB No. 1545-0047 2009 Open to Public Inspection		
Name of the organization UNIVERSITY OF WI FOUNDATION INC	EST FLO	ORIDA							Employer 59-6	identific 1662		ımber	
Part I Bond Issues SEE SCI	IEDULE	O FOR CO	LUM	N (F) C	ONTINU	ATIO	15						
(a) Issuer name (b) Iss	suer EIN	(c) CUSIP #	(d) [	Date issued	(e) Issue p	orice	(f) Descript	ion of purpose	(g) De	efeased		behalf suer	
									Yes	No	Yes	No	
ESCAMIBA COUNTY FLORIDA						1		) THE 200	2				
A HOUSING FINANCE AUTHORIT59-3	<u>)10066</u> 2	<u>296120BJ6</u>	5 <u>12</u> ,	/01/05_	18,290		SERIES BO			X		X	
ESCAMIBA COUNTY FLORIDA						1	BANK LOAN						
BHOUSING FINANCE AUTHORIT59-3	010066	NONE	04,	/24/09	15,000	) <u>,000.</u> ]	FINANCE (	CONST.		X		X	
C												L	
D													
												<u> </u>	
Part II Proceeds								· · · · · · · · · · · · · · · · · · ·					
		Α		В			С	D			E		
1 Total proceeds of issue		18,370,4	170.	15,00	0,000.								
2 Gross proceeds in reserve funds				1,00	0,000.								
3 Proceeds in refunding or defeasance escrows		17,725,3	312.										
4 Other unspent proceeds													
5 Issuance costs from proceeds		645,1	.58.	13	6,000.								
6 Working capital expenditures from proceeds	<u></u>							1					
7 Capital expenditures from proceeds				13,86	4,000.								
8 Year of substantial completion				2	010								
		Yes N	lo	Yes	No	Yes	No	Yes	No	Yes		No	
9 Were the bonds issued as part of a current refunding is	sue?	X			X								
10 Were the bonds issued as part of an advance refunding	3												
issue?		x			x								
11 Has the final allocation of proceeds been made?		X		X									
12 Does the organization maintain adequate books and re	cords												
to support the final allocation of proceeds?		X		Х									
Part III Private Business Use			l										
		A		B			С	D			Е		
1 Was the organization a partner in a partnership, or a m	ember	Yes	ło	Yes	No	Yes	No	Yes	No	Yes		No	
of an LLC, which owned property financed by tax-exen bonds?	npt												
2 Are there any lease arrangements with respect to the f													

⁹³²¹²¹ LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

### UNIVERSITY OF WEST FLORIDA FOUNDATION INC

### Schedule K (Form 990) 2009

59-6166292

Page 2

Part III Private Business Use (Continued)											
		4	E	3		Ç	]	<u>s</u>			
3a Are there any management or service contracts with respect	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
to the financed property which may result in private business											
use?											
<b>b</b> Are there any research agreements with respect to the											
financed property which may result in private business use?											
c Does the organization routinely engage bond counsel or											
other outside counsel to review any management or service											
contracts or research agreements relating to the financed											
property?											
4 Enter the percentage of financed property used in a private											
business use by entities other than a section 501(c)(3)											
organization or a state or local government		%		%		%		%		%	
5 Enter the percentage of financed property used in a private											
business use as a result of unrelated trade or business activity								i			
carried on by your organization, another section 501(c)(3)											
organization, or a state or local government		%		%		%		%		%	
6 Total of lines 4 and 5		%		%	%		%			%	
7 Has the organization adopted management practices and										ļ	
procedures to ensure the post-issuance compliance of its											
tax-exempt bond liabilities?				<u></u>						<u> </u>	
Part IV Arbitrage											
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and		<u>A</u>	I	3		ç		P		Ξ	
Penalty in Lieu of Arbitrage Rebate, been filed with respect	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
to the bond issue?	X		X								
2 Is the bond issue a variable rate issue?		<u>X</u>		X						<u> </u>	
3a Has the organization or the governmental issuer identified											
a hedge with respect to the bond issue on its books and											
records?		X		X							
b Name of provider											
c Term of hedge											
4a Were gross proceeds invested in a GIC?		X		X							
b Name of provider											
c Term of GIC				1							
d Was the regulatory safe harbor for establishing the fair market											
value of the GIC satisfied?	······································										
5 Were any gross proceeds invested beyond an available		77		v							
temporary period?		X		X X							
6 Did the bond issue qualify for an exception to rebate?		X			1		1			1	

932122 02-03-10

Schedule K (Form 990) 2009

	CHEDULE M prm 990)		Nonca	ash Contr	ibutions			ОМВ No. <b>Л</b>	1545-00	47
-		► Cor	nplete if the	organizations an	swered "Yes" on For	rm		Ľυ	03	
	rtment of the Treasury			), Part IV, lines 29				Open te		c
	al Revenue Service			Attach to Form	990.			·····	ection	
Nam	ne of the organization			FLORIDA		,	Employer			nber
		FOUNDATION I	NC				59	9-6166	292	
Pa	rt I Types of	Property	·							
			(a) Check if applicable	(b) Number of contributions	(c) Revenues reportec Form 990, Part VIII, li			(d) of determir evenues	ning	
1	Art - Works of art		X	1		0.				
2		sures								
3		erests								
4		ations		*****						
5		ehold goods								
6		nicles								
7										
8		ty								
9		y traded	X	4	18.13	7.	HIGH/LOW	AVG @	D.	O.G
10		y held stock			<u></u>					<u> </u>
11	Securities - Partne									
		, ,								
12		aneous								
13	Qualified conserva					-				
	Historic structures									
14	Qualified conserva	tion contribution - Other								
15	Real estate - Resid					-				
16	Real estate - Comr	nercial								
17										
18			X	6		0.				
19										
20		supplies					· · · · ·			
21										
22		·····								
23		וא								
24	Archeological artifa									
25	Other 🕨 ( 🗳	AB EQUIPMENT)	X	61	157,67	1.	REPLACEME	ENT CO	ST	
26	Other 🕨 ( Al	RCHIVAL RECO)	X	1,444		0.				
27	Other 🕨 ( <u>Li</u>	APTOPS )	X	13		0.				
28	Other 🕨 (	)								
29	Number of Forms 8	3283 received by the organiz	zation during	the tax year for c	ontributions					
	for which the orgar	nization completed Form 828	33, Part IV, D	onee Acknowledg	ment 29	)			0	
									Yes	No
30a	During the year, did	d the organization receive by	/ contributior	n any property rep	orted in Part I, lines 1	-28 tha	t it must hold for			
	at least three years	from the date of the initial o	contribution,	and which is not r	equired to be used fo	r exem	pt purposes for			
	the entire holding p	period?						30a		X
b	If "Yes," describe t	he arrangement in Part II.								
31	Does the organizat	ion have a gift acceptance p	oolicy that re	quires the review (	of any non-standard c	ontribu	rtions?	31	X	
32a	Does the organizat	ion hire or use third parties o	or related org	anizations to solid	cit, process, or sell no	ncash				
	contributions?							32a	Х	
b	If "Yes," describe in									

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2009

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): LINES 1 - 28, COLUMN (B): PER INSTRUCTIONS FOR SCHEDULE M, THE NUMBER OF ITEMS RECEIVED, EXCEPT FOR LINE 9, "SECURITIES - PUBLICLY TRADED", ARE REPORTED IN COLUMN (B). LINE 9 REPORTS THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN (B).

SCHEDULE M, LINE 32B: THE FOUNDATION CONTRACTS WITH CHARITABLE AUTO RESOURCES, INC. (CARS) (FEIN 20-0290042) TO OPERATE ITS VEHICLE DONATION PROGRAM. CARS ACTS AS THE FOUNDATION'S AUTHORIZED AGENT TO ACCEPT DONATED VEHICLES AND SELL THEM TO DEALERS, WHOLESALERS, OR AT AUCTIONS. UPON TRANSFER OF THE VEHICLE OWNERSHIP BY THE DONOR, CARS SENDS A DONATION RECEIPT TO THE DONOR. CARS PROVIDES PERTINENT DONOR AND VEHICLE INFORMATION TO THE FOUNDATION ON NO LESS THAN A MONTHLY BASIS. SUBSEQUENT TO THE SALE OF THE VEHICLE(S), CARS REMITS THE PROCEEDS, LESS COMMISSIONS, TO THE FOUNDATION.

SCHEDULE M, LINE 33: REVENUE FOR THE FOLLOWING NONCASH CONTRIBUTIONS WAS NOT REPORTED DUE TO THE COST OF AN APPRAISAL OR VALUATION EXCEEDING THE BENEFIT OF SAME AND NO READY MARKET EXISTING FOR THE SALE OF THE ITEM:

PART I, LINE 1 - ART - WORKS OF ART: ORIENTAL PRINT

PART I, LINE 18 - COLLECTIBLES: ORIENTAL CLOTHING

PART I, LINE 26 - OTHER - ARCHIVAL RECORDS: MUSIC SCORES CREATED AND/OR

COLLECTED BY LOCAL PIANIST.

PART I, LINE 27 - OTHER - COMPUTER EQUIMENT: COMPUTER LAPTOPS

MANUFACTURED IN 2005

IN ADDITION TO THE ABOVE NONCASH CONTRIBUTIONS, DONATIONS OF MARKETABLE

SECURITIES RECEIVED AS PAYMENT ON PLEDGES ARE NOT INCLUDED ON LINE 9, 932142 02-08-10 Schedule M (Form 990) 2009 
 Part II
 Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.

 Also complete this part for any additional information.

## "SECURITIES - PUBLICLY TRADED". THESE ARE CREDITED AGAINST THE PLEDGE

## RECEIVABLE RATHER THAN CURRENT YEAR CONTRIBUTION INCOME.

#### (Form 990)

932211 02-03-10

# Supplemental Information to Form 990

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



Department of the Treasury Internal Revenue Service Name of the organization UI

### UNIVERSITY OF WEST FLORIDA FOUNDATION INC

Employer identification number 59-6166292

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

INCLUDING HOUSING AT UWF.

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

ALL OTHER PROGRAMS: THE UWF FOUNDATION HAD AGENCY ACCOUNTS WHICH

SUPPORT THE MISSION OF CERTAIN DEPARTMENTS AND COLLEGES WITHIN THE

UNIVERSITY. THESE ACCOUNTS PRIMARILY CONSIST OF DONATED FUNDS TO HELP

SUPPORT FACULTY SALARIES, STUDENT SCHOLARSHIPS, LEARNING ENVIRONMENTS,

PROFESSIONAL DEVELOPMENT, AND LECTURES.

EXPENSES \$ 1567203. INCLUDING GRANTS OF \$ 111502. REVENUE \$ 198005.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT OF THE FORM 990 IS PRESENTED TO ALL BOARD MEMBERS PRIOR TO THE DECEMBER BOARD MEETING. THE BOARD SUGGESTS EDITS. AFTER THE EDITS ARE MADE, THE ENTIRE BOARD APPROVES THE DOCUMENT FOR FILING. THE APPROPRIATE SIGNATURES ARE OBTAINED AND THE FORM 990 IS MAILED.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, EACH BOARD MEMBER RECEIVES A CONFLICT OF INTEREST QUESTIONNAIRE. ALL BOARD MEMBERS ARE REQUIRED TO FILL OUT AND SIGN THE QUESTIONNAIRE. BOARD MEMBERS OR OFFICERS WHO HAVE DECLARED OR HAVE BEEN FOUND TO HAVE A CONFLICT OF INTEREST SHALL REFRAIN FROM CONSIDERATION OF PROPOSED TRANSACTIONS, UNLESS FOR SPECIAL REASONS THE BOARD OR ADMINISTRATION REQUESTS INFORMATION OR INTERPRETATION. PERSONS WITH CONFLICTS SHALL NOT VOTE, PARTICIPATE IN DISCUSSION OR BE PRESENT AT THE TIME OF THE VOTE. ANY PROPOSED TRANSACTION IN WHICH A CONFLICT OF INTEREST HAS BEEN DECLARED OR FOUND TO EXIST MUST BE APPROVED LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

#### (Form 990)

## Supplemental Information to Form 990 Complete to provide information for responses to specific questions on

OMB No. 1545-0047 2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service Form 990 or to provide any additional information. ► Attach to Form 990. UNIVERSITY OF WEST FLORIDA

FOUNDATION INC

Employer identification number

BY A MAJORITY OF THE DISINTERESTED MEMBERS OF THE BOARD OR THE APPROPRIATE

COMMITTEE OF THE BOARD AFTER DISCLOSURE OF THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE UNIVERSITY OF WEST FLORIDA'S

BOARD OF TRUSTEES DETERMINES AND APPROVES ALL COMPENSATION. THE

DETERMINATION INCLUDES CONSIDERING COMPENSATION RELATIVE TO THE MARKET

LEVEL FOR THE JOB FAMILY. CONSIDERATION MAY BE GIVEN TO SUBSTANTIAL,

DIRECTLY RELATED EXPERIENCE AND COMPARABLE INTERNAL SALARIES, WHICH MAY

INCLUDE FACTORS SUCH AS JOB PERFORMANCE AND LEVEL OF RESPONSIBILITY.

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

AK, AZ, CA, CO, HI, IL, KY, LA, ME, MD, MA, MI, MN, NH, NJ, NY, OH, OK, OR, SC, UT, WA, WV, WI, DC

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THEIR WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 2C

RESPONSIBILITY OF AUDIT OVERSIGHT

THE FOUNDATION HAS AN EXECUTIVE COMMITTEE AND AN AUDIT/BUDGET COMMITTEE

THAT IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT AUDITORS AND

FOR THE OVERSIGHT OF THE AUDIT.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

#### (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

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



Name of the organization UNIVERSITY OF WEST FLORIDA FOUNDATION INC

Employer identification number 59-6166292

## ESCAMIBA COUNTY FLORIDA HOUSING FINANCE AUTHORITY - 2005 SERIES

## (B) DESCRIPTION OF PURPOSE: TO REFUND THE 2002 SERIES BONDS

(A) ISSUER NAME:

ESCAMIBA COUNTY FLORIDA HOUSING FINANCE AUTHORITY - 2009 SERIES

(B) DESCRIPTION OF PURPOSE: BANK LOAN TO FINANCE CONST.

FORM 990, PART VI, SECTION B, LINE 16B

JOINT VENTURE AGREEMENT POLICY

THE FOLLOWING DRAFT LANGUAGE IS PROPOSED TO THE BOARD FOR INCLUSION IN

THE INVESTMENT POLICY: IF THE UNIVERSITY'S EQUITY INTEREST IN A JOINT

VENTURE IS SO SMALL THAT IT IS MORE IN THE NATURE OF AN INVESTMENT

INTEREST RATHER THAN AN ACTIVE PARTICIPATION, IT IS NOT NECESSARY TO

HAVE INITIATION AND VETO POWERS, ALTHOUGH IT SHOULD NEVERTHELESS SEEK

TO PROTECT ITS CHARITABLE INTERESTS TO THE EXTENT POSSIBLE. WHILE THERE

IS NO SPECIFIC IRS BENCHMARK FOR EVALUATING WHEN AN INTEREST IS SMALL

ENOUGH TO CONSTITUTE ONLY AN INVESTMENT INTEREST, AN EQUITY INTEREST IN

A JOINT VENTURE OF LESS THAN 20% CAN GENERALLY BE PROPERLY

CHARACTERIZED AS AN INVESTMENT RATHER THAN ACTIVE PARTICIPATION. SUCH

JOINT VENTURES SHOULD BE CONSIDERED ON A CASE-BY-CASE BASIS.

FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

SOLICITING, RECEIVING, AND ADMINISTERING GIFTS AND BEQUESTS OF PROPERTY

AND FUNDS FOR SCIENTIFIC, EDUCATIONAL, AND CHARITABLE PURPOSES ALL FOR

THE ADVANCEMENT OF THE UNIVERSITY OF WEST FLORIDA.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

### (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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



Employer identification number

59-6166292

Name of the organization

UNIVERSITY OF WEST FLORIDA FOUNDATION INC

Ex	 
Performanticular	<u></u>
·	 
	······
	 ~~~~~
<u></u>	

	1						
SCHEDU (Form 99) Department Internal Rev		Corr	Related Organization nplete if the organization answered "Y ▶ Attach to Form 990.	s and Unrelated Partnerships ′es" to Form 990, Part IV, line 3 ▶ See separate instructi			OMB No. 1545-0047 2009 Open to Public Inspection
	the organizatior	UNIVERSITY OF FOUNDATION IN	F WEST FLORIDA NC			E	Employer identification number $59 - 6166292$
Part I	Identification of	of Disregarded Entities (Comp	plete if the organization answered "Yes"	to Form 990, Part IV, line 33.)			
		(a) ddress, and EIN egarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year asset	(f) s Direct controlling entity
Part II	Identification organizations of	of Related Tax-Exempt Organ luring the tax year.)	izations (Complete if the organization a	answered "Yes" to Form 990, Pa	art IV, line 34 becaus	e it had one or mor	re related tax-exempt
		(a) Iddress, and EIN ed 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 n entity
11000	SITY OF WEST D UNIVERSITY PAN DLA, FL 32514		HIGHER EDUCATION	FLORIDA	115(1)	N/A	N/A
		<u> </u>					

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

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	(a)	(b)	(c)	(d)	(e	.)		(f)	(g)	()	ו)	(i)	(j)
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomina (related, u excluded fro sections 5	nt income inrelated, m tax under	Share	of total	Share of end-of-year assets	Disprop ate alloc	ortion-	Code V-UBI amount in box 20 of Schedul	General o managin e partner?
			country)		sections &	512-514)				Yes	No	K-1 (Form 106	5) Yes No
	· · · · · · · · · · · · · · · · · · ·												
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Part I	V Identification of Related Org	ganizations Taxable as a Co	rporation or	Trust (Complete if t	he organizati	on answere	d "Yes"	to Form 990, I	Part IV, line	 34 beca	use it l	had one or more	related
	organizations treated as a cor	poration or trust during the ta	ax year.)										
	(a)			(b)	(c)	(d)		(e)		(f)		(g)	(h)
	Name, address, and El of related organization	N 1	Pri	imary activity	Legal domicile (state or	Direct conf entity	trolling /	Type of enti (C corp, S co or trust)	ty Shar rp, in	e of total come			ercentag ownership
	or related organization				foreign country)			01 11 40 17					
-	of related organization												
-													

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Schedule R (Form 990) 2009 FOUNDATION INC

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)					
Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	·		Yes	No	
1 E	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
a F	eceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a		X	
b G	aift, grant, or capital contribution to other organization(s)		1b		X	
c G	Sift, grant, or capital contribution from other organization(s)		1c		X	
d L	oans or loan guarantees to or for other organization(s)		1d		X	
еL	oans or loan guarantees by other organization(s)		<u>1e</u>		X	
f S	Sale of assets to other organization(s)		1f		X	
g F	Purchase of assets from other organization(s)		1g		X	
hΕ	xchange of assets		1h		X	
i L	ease of facilities, equipment, or other assets to other organization(s)		<u>1i</u>	X		
j L	ease of facilities, equipment, or other assets from other organization(s)		<u>1j</u>	_	x	
k F	Performance of services or membership or fundraising solicitations for other organization(s)		1k	X		
I, F	Performance of services or membership or fundraising solicitations by other organization(s)		1		X	
m S	haring of facilities, equipment, mailing lists, or other assets		1m	X		
n Sharing of paid employees						
οF	eimbursement paid to other organization for expenses		10	X		
рF	eimbursement paid by other organization for expenses		1p		X	
q C	Other transfer of cash or property to other organization(s)		1q	X		
	Other transfer of cash or property from other organization(s)				X	
	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and tra					
	(a) Name of other organization(s)	(b) Transaction type (a-r)	(Amount	c) involv	ed	
		TZ	2	67 1		
(1) 01	NIVERSITY OF WEST FLORIDA	K		57,0	655.	
<u>(2)</u> UI	NIVERSITY OF WEST FLORIDA (INCLUDED IN TOTAL OF "O")	N			0.	
<u>(3)</u> UI	NIVERSITY OF WEST FLORIDA	0	2,5	71,:	<u>386.</u>	
(4)						
<u> </u>						
(5)						
(6)		Cab	edule R (For			
932163 (JZ-94-10	301	equie n (POI	111 990	,, 2008	

Schedule R (Form 990) 2009 FOUNDATION INC

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

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

	(a)	(b)	(c)		d)	(e)	((g)		h)
	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all p section organiz	partners 501(c)(3) ations?	Share of end-of- year assets	Dispr tior alloca	opor- ate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	eral or aging tner?
			country)	Yes	No		Yes	No	(Form 1065)	Yes	No
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Schedule R (Form 990) 2009

	((83369			
Form 8868 (Rev. April 2009) Department of the Treasury	Exen	for Extension of npt Organizatior	Return	n	OMB No. 1545-1709			
Internal Revenue Service	▶ F	ile a separate application for e	ach return.					
If you are filing for an A	utomatic 3-Month Extension, « dditional (Not Automatic) 3-M unless you have already been g	onth Extension, complete on	ly Part II (on page 2 of this	s form).				
Part I Automa	tic 3-Month Extension o	f Time. Only submit original	(no copies needed).					
	file Form 990 T and requesting a			nplete				
to file income tax returns. Electronic Filing (e-file). noted below (6 months fo (not automatic) 3-month e you must submit the fully	Uding 1120-C filers), partnership Generally, you can electronically r a corporation required to file Fi xtension or (2) you file Forms 99 completed and signed page 2 (f c on e-file for Charities & Nonpro	y file Form 8868 if you want a : orm 990-T). However, you can 10-BL, 6069, or 8870, group re Part II) of Form 8868. For more	3-month automatic extensi not file Form 8868 electron turns, or a composite or co	on of ti iically if	me to file one of the returns (1) you want the additional ated Form 990-T. Instead,			
	npt Organization			Emp	oyer identification number			
- 1	ITY OF WEST FLOP	RIDA		-	0 6166000			
File by the due date for filing your FOUNDATION INC 59-6166292 Number, street, and room or suite no. If a P.O. box, see instructions. 11000 UNIVERSITY PKWY BUILDING 12								
instructions. City, town or	cost office, state, and ZIP code. LA,FL 32514		structions.					
Check type of return to I	e filed (file a separate application	on for each return):						
X Form 990 Form 990-BL Form 990-EZ Form 990-PF		rporation) c. 401(a) or 408(a) trust) st other than above)	Form 4 Form 5 Form 6 Form 8	227 069				
 Telephone No. ▶ <u>(8</u>) If the organization does If this is for a Group Residue of the second s	DR. SUSAN S are of \blacktriangleright <u>11000 UNIVE</u> <u>50)474-2487</u> is not have an office or place of the turn, enter the organization's fo art of the group, check this box	ERSITY PKWY - PI FAX No. Dusiness in the United States, ur digit Group Exemption Num	► check this box ıber (GEN) If th	nis is fo	► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ►			
1 I request an automa <u>FEBRUARY</u> is for the organization ► calendar ye	tic 3-month (6-months for a corp $15, 2011$, to file the on's return for:	poration required to file Form s exempt organization return fo	990-T) extension of time un or the organization named a	til				
2 If this tax year is for	less than 12 months, check rea	son: 🔲 Initial return	Final return		Change in accounting period			
	for Form 990-BL, 990-PF, 990-T ts. See instructions.	, 4720, or 6069, enter the tent	ative tax, less any	За	\$			
	for Form 990-PF or 990-T, enter		stimated					
c Balance Due. Subt	. Include any prior year overpay act line 3b from line 3a. Include upon or, if required, by using EF	your payment with this form,		3b 3c	\$			
Caution. If you are going	o make an electronic fund with	drawal with this Form 8868, se	e Form 8453-EO and Form	1 8879-	EO for payment instructions.			
LHA For Privacy Act a	nd Paperwork Reduction Act	Notice, see Instructions.			Form 8868 (Rev. 4-2009)			

				•	
Form	8868 (Rev. 4-2009)			Page 2	
● If y	• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box 🕨 🔀				
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.					
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).					
<u>li u</u>	Name of Exempt Organization Employer identification number				
Туре	or UNIVERSITY OF WEST FLORIDA	Linb	loyer identification	nnuniber	
print	FOUNDATION INC	5	9-6166292		
File by extende due dat	ad Number, street, and room or suite no. If a P.O. box, see instructions.	For I	RS use only		
filing the return. S	e	1			
instruct			1		
X	k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		orm 5227	Form 8870	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.					
DR. SUSAN STEPHENSON • The books are in the care of ▶ <u>11000 UNIVERSITY PKWY - PENSACOLA, FL 32514</u>					
Telephone No. \blacktriangleright (850) 474 - 2487 FAX No. \blacktriangleright					
 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 \blacktriangleright [1]. If it is for part of the group, check this box \blacktriangleright [1] and attach a list with the names and EINs of all members the extension is for.					
4 I request an additional 3-month extension of time until MAY 15, 2011					
5	or calendar year, or other tax year beginning JUL 1, 2009 , and ending JUN 30, 2010 .				
6	tax year is for less than 12 months, check reason:				
	State in detail why you need the extension				
-	INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RET	URN	IS UNAVA	<u>ILABLE</u>	
· · · · · · · · · · · · · · · · · · ·	AT THIS TIME. THEREFORE, PLEASE GRANT THIS EXTENSION. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			<u></u>	
	nonrefundable credits. See instructions.	8a	\$		
-	f this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated				
	ax payments made. Include any prior year overpayment allowed as a credit and any amount paid				
-	previously with Form 8868.	8b	\$		
	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit				
V	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification	8c	\$	N/A	
Under penalties of periory, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.					
Signatu		Date	2-7-11		
				(Rev. 4-2009)	

923832 05-26-09