

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2011**Open to Public  
Inspection**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**11000 UNIVERSITY PKWY BLDG 12**

Room/suite

City or town, state or country, and ZIP + 4

**PENSACOLA, FL 32514-5732****F** Name and address of principal officer: **SHERI POPE****SAME AS C ABOVE****D** Employer identification number**59-6166292****E** Telephone number**850-474-3118****G** Gross receipts \$**40,001,577.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included?☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.UWF.EDU/FOUNDATION****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1965** **M** State of legal domicile: **FL****Part I Summary**

Activities &amp; Governance

**1** Briefly describe the organization's mission or most significant activities: **SEE SCHEDULE O.****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a) **3** **27****4** Number of independent voting members of the governing body (Part VI, line 1b) **4** **25****5** Total number of individuals employed in calendar year 2011 (Part V, line 2a) **5** **0****6** Total number of volunteers (estimate if necessary) **6** **0****7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **-530.****b** Net unrelated business taxable income from Form 990-T, line 34 **7b** **-530.**

Revenue

**8** Contributions and grants (Part VIII, line 1h) **2,916,218.** **4,076,386.****9** Program service revenue (Part VIII, line 2g) **9,143,076.** **10,033,172.****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) **2,847,591.** **3,444,626.****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **27,400.** **26,480.****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **14,934,285.** **17,580,664.**

Expenses

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3) **956,273.** **915,862.****14** Benefits paid to or for members (Part IX, column (A), line 4) **0.** **0.****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **2,601,805.** **2,917,765.****16a** Professional fundraising fees (Part IX, column (A), line 11e) **44,471.** **49,744.****b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **266,139.****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) **12,099,459.** **8,977,369.****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) **15,702,008.** **12,860,740.****19** Revenue less expenses. Subtract line 18 from line 12 **-767,723.** **4,719,924.**

Net Assets or Fund Balances

**20** Total assets (Part X, line 16) **136,083,409.** **134,088,951.****21** Total liabilities (Part X, line 26) **61,238,526.** **59,441,933.****22** Net assets or fund balances. Subtract line 21 from line 20 **74,844,883.** **74,647,018.****Part II Signature Block**

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

Sign  
Here

Signature of officer

Date

**SHERI POPE, EXECUTIVE DIRECTOR**

Type or print name and title

Paid

Print/Type preparer's name

**MOLLY MURPHY, CPA**

Preparer's signature

**MOLLY MURPHY, CPA**

Date

**03/27/13**Check ☐ if self-employed

PTIN

**P00985783**

Preparer

Firm's name

**SALTMARSH, CLEVELAND & GUND**

Firm's EIN

**59-2922169**

Use Only

Firm's address

**900 NORTH 12TH AVENUE****PENSACOLA, FL 32501**Phone no. **850-435-8300**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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FOUNDATION INC

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

1 Briefly describe the organization's mission:

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? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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.

4a (Code: ) (Expenses \$ 8,334,027. including grants of \$ ) (Revenue \$ 10,173,888.)

STUDENT HOUSING PROGRAM - THE UWF DEPARTMENT OF HOUSING AND RESIDENCE  
LIFE PROVIDES HOUSING FOR APPROXIMATELY 15.3%, I.E., OVER 1,840  
STUDENTS AND 65 STUDENT STAFF, OF THE UNIVERSITY'S STUDENT BODY.  
OCCUPANCY OF DORMS IS CONSISTENTLY MAINTAINED AT 100%. IN ADDITION TO  
RESIDENTIAL SERVICES, HOUSING OFFERS OVER 2,000 EDUCATIONAL AND SOCIAL  
PROGRAMS DESIGNED TO ENHANCE THE STUDENTS' LEARNING ENVIRONMENT AS WELL  
AS ENRICH THE STUDENTS' COLLEGE EXPERIENCE.

4b (Code: ) (Expenses \$ 734,364. including grants of \$ 734,364.) (Revenue \$ )

STUDENT SCHOLARSHIP PROGRAM: THE UWF FOUNDATION AWARDED MORE THAN  
\$1,127,862 IN SCHOLARSHIPS TO 924 UWF STUDENTS. 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 SCHOLARSHIP ENABLES STUDENTS, WHO ARE FIRST  
GENERATION IN THEIR FAMILY TO ATTEND COLLEGE, TO BE ABLE TO AFFORD  
COLLEGE TUITION. THE FOUNDATION RAISED AND AWARDED \$212,000 OF FIRST  
GENERATION SCHOLARSHIPS DURING THE YEAR.

4c (Code: ) (Expenses \$ 284,133. including grants of \$ ) (Revenue \$ )

EMINENT SCHOLARS AND PROFESSORSHIPS: THE UWF FOUNDATION HAD 2 EMINENT  
SCHOLARS AND 5 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.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 2,151,006. including grants of \$ 181,498.) (Revenue \$ )

4e Total program service expenses 11,503,530.



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FOUNDATION INC**

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**Part IV Checklist of Required Schedules**

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

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

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

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	488
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	X
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country: <b>CAYMAN ISLANDS</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

Check if Schedule O contains a response to any question in this Part VI

☒ X

**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	27			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		25		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **AK, AZ, CA, CO, HI, KY, LA, ME, MD, MA, MI, MN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SHERI POPE - (850)474-3380**  
**11000 UNIVERSITY PKWY, BLDG. 12, PENSACOLA, FL 32514**



**UNIVERSITY OF WEST FLORIDA  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICIA DENKLER PRESIDENT OF THE BOARD	0.40	X		X				0.	0.	0.
(2) C. RAY JONES VICE-PRESIDENT OF THE BOARD	0.40	X		X				0.	0.	0.
(3) THE HONORABLE CASEY RODGERS SECRETARY OF THE BOARD	0.00	X		X				0.	0.	0.
(4) BRETT A. SHAW TREASURER OF THE BOARD	0.10	X		X				0.	0.	0.
(5) DAVID CLEVELAND DIRECTOR, PAST PRESIDENT OF THE BOAR	0.50	X						0.	0.	0.
(6) DR. JUDITH BENSE DIRECTOR, PRESIDENT OF THE UNIVERSIT	0.20	X						0.	358,242.	61,901.
(7) CAROLINE HARTNETT DIRECTOR AND ALUMNI BOARD REP	0.20	X						0.	0.	0.
(8) MICHELLE ANCHORS CURRENT DIRECTOR	0.20	X						0.	0.	0.
(9) LAVERNE BAKER CURRENT DIRECTOR	0.40	X						0.	0.	0.
(10) DOUG DOBSON CURRENT DIRECTOR	0.10	X						0.	0.	0.
(11) JIM DONATELLI CURRENT DIRECTOR	0.10	X						0.	0.	0.
(12) RICK FOUNTAIN CURRENT DIRECTOR	0.20	X						0.	0.	0.
(13) ALAN GIESEMAN CURRENT DIRECTOR	0.20	X						0.	0.	0.
(14) TIM HAAG CURRENT DIRECTOR	0.20	X						0.	0.	0.
(15) BRIAN HAUGEN CURRENT DIRECTOR	0.20	X						0.	0.	0.
(16) JOHN HUTCHINSON CURRENT DIRECTOR	0.10	X						0.	0.	0.
(17) DENNIS LARRY CURRENT DIRECTOR	0.10	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CORA MERRITT CURRENT DIRECTOR AND SGA REP.	0.10	X						0.	471.	0.
(19) RICHARD PETERSON CURRENT DIRECTOR	0.30	X						0.	0.	0.
(20) STEVE RIGGS CURRENT DIRECTOR	0.10	X						0.	0.	0.
(21) JUDY BYRNE RILEY CURRENT DIRECTOR	0.20	X						0.	0.	0.
(22) DEBBIE RITCHIE CURRENT DIRECTOR	0.20	X						0.	0.	0.
(23) RICHARD SANFILIPPO CURRENT DIRECTOR	0.10	X						0.	0.	0.
(24) GORDON SPRAGUE CURRENT DIRECTOR	0.20	X						0.	0.	0.
(25) DR. PAT WENTZ CURRENT DIRECTOR AND FACULTY SENATE	0.10	X						0.	107,476.	21,096.
(26) WAYNE WILLIAMS CURRENT DIRECTOR	0.60	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	466,189.	82,997.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	1,812,137.	289,326.
<b>d Total (add lines 1b and 1c)</b> .....								0.	2,278,326.	372,323.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
THE HASKELL COMPANY, 111 RIVERSIDE AVENUE, JACKSONVILLE, FL 32202	CONSTRUCTION OF HERITAGE HALL	9,719,154.
JANI-KING 122 WEST PINE STREET, PONCHATOULA, LA 70454	JANITORIAL SERVICES	341,213.
WILSON FLOOR COVERING OF PENSACOLA 3800 LIGGETT STREET, PENSACOLA, FL 32513	FLOOR RENOVATIONS	148,553.
BLACKBAUD P.O. BOX 930256, ATLANTA, GA 31193	SOFTWARE AND SOFTWARE SUPPORT	103,839.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
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**Part VIII 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	9,160.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4067226.			
	g	Noncash contributions included in lines 1a-1f: \$		57,803.			
	h	<b>Total.</b> Add lines 1a-1f		4076386.			
	<b>Program Service Revenue</b>	Business Code					
2 a		RENTAL INCOME - HOUSIN	721310	9717927.	9717927.		
b		RENTAL INCOME - OTHER	900099	260,423.	260,423.		
c							
d							
e							
f		All other program service revenue	900099	54,822.	54,822.		
g		<b>Total.</b> Add lines 2a-2f		10,033,172.			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		1200051.	195,538.		1,004,513.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		22,128.			22,128.
	6 a	Gross rents	(i) Real (ii) Personal				
		b	Less: rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		2244575.		2,244,575.
	8 a	Gross income from fundraising events (not including \$ 9,160. of contributions reported on line 1c). See Part IV, line 18	a	1,090.			
		b	Less: direct expenses	b	1,274.		
		c	Net income or (loss) from fundraising events		-184.		-184.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
		b	Less: direct expenses	b			
		c	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns and allowances	a				
		b	Less: cost of goods sold	b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue			Business Code				
11 a	MISC. REVENUE-RELATED-	900099	5,066.	5,066.			
b	PARTNERSHIP INCOME	523000	-530.		-530.		
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		4,536.				
12	<b>Total revenue.</b> See instructions.		17,580,664.	10,233,776.	-530.	3,271,032.	



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**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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	915,862.	915,862.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,917,765.	2,358,920.	429,662.	129,183.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	20,629.	8,986.	11,643.	
c Accounting	68,010.	37,957.	30,053.	
d Lobbying	70,150.	10,000.	60,150.	
e Professional fundraising services. See Part IV, line 17	49,744.			49,744.
f Investment management fees	329,754.	4,332.	325,422.	
g Other	483,986.	388,548.	92,722.	2,716.
12 Advertising and promotion	364,739.	331,587.	24,580.	8,572.
13 Office expenses	294,938.	205,276.	42,800.	46,862.
14 Information technology				
15 Royalties				
16 Occupancy	1,135,129.	1,134,326.	448.	355.
17 Travel	291,622.	243,484.	36,195.	11,943.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	78,225.	68,849.	2,474.	6,902.
20 Interest	1,856,121.	1,856,121.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,038,818.	2,038,818.		
23 Insurance	204,130.	191,012.	13,118.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>REPAIR/MAINTENANCE/SUPP</u>	925,302.	921,719.	3,583.	
b <u>UNIVERSITY/STAFF SUPPOR</u>	362,608.	362,608.		
c <u>HOUSING RELATED EXPENSE</u>	238,236.	238,236.		
d <u>MISCELLANEOUS</u>	117,292.	89,209.	18,221.	9,862.
e All other expenses	97,680.	97,680.		
25 <b>Total functional expenses.</b> Add lines 1 through 24e	12,860,740.	11,503,530.	1,091,071.	266,139.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	743,421.	<b>1</b>	2,957,822.
	<b>2</b> Savings and temporary cash investments .....	28,407,783.	<b>2</b>	15,900,197.
	<b>3</b> Pledges and grants receivable, net .....	1,627,661.	<b>3</b>	2,580,949.
	<b>4</b> Accounts receivable, net .....	152,040.	<b>4</b>	269,952.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	100,581.	<b>9</b>	76,997.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 71,449,786.		
	<b>b</b> Less: accumulated depreciation .....	10b 16,718,717.		
	<b>11</b> Investments - publicly traded securities .....	41,783,646.	<b>10c</b>	54,731,069.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	47,200,305.	<b>11</b>	41,335,150.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	13,882,921.	<b>12</b>	14,377,988.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,185,051.	<b>14</b>	1,858,827.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	136,083,409.	<b>15</b>	134,088,951.	
<b>17</b> Accounts payable and accrued expenses .....	2,444,117.	<b>16</b>	2,178,856.	
<b>18</b> Grants payable .....		<b>17</b>		
<b>19</b> Deferred revenue .....		<b>18</b>		
<b>20</b> Tax-exempt bond liabilities .....	58,587,664.	<b>19</b>	57,062,717.	
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	206,745.	<b>24</b>	200,360.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	61,238,526.	<b>25</b>	59,441,933.	
<b>27</b> <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		<b>26</b>		
<b>28</b> Unrestricted net assets .....	10,261,095.	<b>27</b>	11,670,526.	
<b>29</b> Temporarily restricted net assets .....	19,068,050.	<b>28</b>	16,001,026.	
<b>30</b> Permanently restricted net assets .....	45,515,738.	<b>29</b>	46,975,466.	
<b>31</b> <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>32</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
<b>33</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
<b>34</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>35</b> Total net assets or fund balances .....	74,844,883.	<b>33</b>	74,647,018.	
<b>36</b> Total liabilities and net assets/fund balances .....	136,083,409.	<b>34</b>	134,088,951.	

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☒ X

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,580,664.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,860,740.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,719,924.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	74,844,883.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-4,917,789.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	74,647,018.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☒ X

<p><b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____          If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p> <p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____</p> <p><b>b</b> Were the organization's financial statements audited by an independent accountant? _____</p> <p><b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____          If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p> <p><b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis</p> <p><b>3a</b> 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? _____</p> <p><b>b</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. _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="width:50%;">Yes</th> <th style="width:50%;">No</th> </tr> </thead> <tbody> <tr><td><b>2a</b></td><td></td><td align="center"><b>X</b></td></tr> <tr><td><b>2b</b></td><td align="center"><b>X</b></td><td></td></tr> <tr><td><b>2c</b></td><td align="center"><b>X</b></td><td></td></tr> <tr><td><b>3a</b></td><td></td><td align="center"><b>X</b></td></tr> <tr><td><b>3b</b></td><td></td><td></td></tr> </tbody> </table>		Yes	No	<b>2a</b>		<b>X</b>	<b>2b</b>	<b>X</b>		<b>2c</b>	<b>X</b>		<b>3a</b>		<b>X</b>	<b>3b</b>		
	Yes	No																	
<b>2a</b>		<b>X</b>																	
<b>2b</b>	<b>X</b>																		
<b>2c</b>	<b>X</b>																		
<b>3a</b>		<b>X</b>																	
<b>3b</b>																			

Form **990** (2011)

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

**Open to Public Inspection**

Name of the organization	UNIVERSITY OF WEST FLORIDA FOUNDATION INC
--------------------------	--

Employer identification number
59-6166292

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

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

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

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

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

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

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

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

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

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

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(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)	

h Provide the following information about the supported organization(s). \_\_\_\_\_

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2011



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6,340,266.	2,346,122.	2,939,498.	2,916,218.	4,076,386.	18,618,490.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6,340,266.	2,346,122.	2,939,498.	2,916,218.	4,076,386.	18,618,490.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4. ....						18,618,490.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....	6,340,266.	2,346,122.	2,939,498.	2,916,218.	4,076,386.	18,618,490.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,552,377.	2,348,371.	1,156,203.	1,211,005.	1,004,513.	7,272,469.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	80,409.	12,500.	217,796.	76,392.	56,137.	443,234.
<b>11 Total support.</b> Add lines 7 through 10 .....						26,334,193.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	42,092,158.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	70.70 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	68.42 %
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....



**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....



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





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2011**

Name of the organization

UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC

Employer identification number

59-6166292

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

☒ 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, total 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 total 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 Part I, 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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization	Employer identification number
----------------------	--------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DONOR	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DONOR	\$ 100,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DONOR	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC

59-6166292

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

[illegible]



Name of organization

Employer identification number

UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC

59-6166292

**Part III**

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

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

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

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

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

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

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

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

Name of organization	<b>UNIVERSITY OF WEST FLORIDA FOUNDATION INC</b>	Employer identification number	<b>59-6166292</b>
----------------------	--	--------------------------------	-------------------

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ▶ \$ .....

3 Volunteer hours ..... ▶ .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ .....

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ .....

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ .....

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527

exempt function activities ..... ▶ \$ .....

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,

line 17b ..... ▶ \$ .....

4 Did the filing organization file Form 1120-POL for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

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

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....		70,150.													
c Total lobbying expenditures (add lines 1a and 1b) .....		70,150.													
d Other exempt purpose expenditures .....		11433380.													
e Total exempt purpose expenditures (add lines 1c and 1d) .....		11503530.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		725,177.													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f) .....		181,294.													
h Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount	711,481.	669,858.	744,045.	725,177.	2,850,561.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,275,842.
<b>c</b> Total lobbying expenditures	60,150.	60,225.	55,150.	70,150.	245,675.
<b>d</b> Grassroots nontaxable amount	177,870.	167,465.	186,011.	181,294.	712,640.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,068,960.
<b>f</b> Grassroots lobbying expenditures					



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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**Open to Public  
InspectionName of the organization **UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC**Employer identification number  
**59-6166292****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 .....	▶ \$	0.
(ii) Assets included in Form 990, Part X .....	▶ \$	0.

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

a Revenues included in Form 990, Part VIII, line 1 .....	▶ \$	
b Assets included in Form 990, Part X .....	▶ \$	

**UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC**

Schedule D (Form 990) 2011

59-6166292 Page 2

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	52,292,344.	42,891,001.	39,183,437.	54,255,781.	
b Contributions	574,051.	1,379,922.	1,169,999.	1,313,613.	
c Net investment earnings, gains, and losses	-2,573,643.	10,633,089.	5,032,996.	-12,398,267.	
d Grants or scholarships	637,572.	632,011.	565,859.	1,004,494.	
e Other expenditures for facilities and programs	1,040,245.	1,047,701.	1,031,677.	1,810,024.	
f Administrative expenses	939,323.	931,956.	897,895.	1,173,172.	
g End of year balance	47,675,612.	52,292,344.	42,891,001.	39,183,437.	

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

- a Board designated or quasi-endowment ☒ 1.38 %
- b Permanent endowment ☒ 93.98 %
- c Temporarily restricted endowment ☒ 4.64 %

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

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

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,454,483.			1,454,483.
b Buildings	52,597,353.		16,475,005.	36,122,348.
c Leasehold improvements				
d Equipment	465,051.		243,712.	221,339.
e Other	16,932,899.			16,932,899.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				54,731,069.

Schedule D (Form 990) 2011



UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) COMMINGLED FUNDS	12,208,147.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY FUNDS	1,112,071.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE INVESTMENT		
(D) TRUSTS	1,057,770.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	14,377,988.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	200,360.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	200,360.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC**

Schedule D (Form 990) 2011

59-6166292 Page 4

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,580,664.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,860,740.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,719,924.
4	Net unrealized gains (losses) on investments	4	-4,867,545.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-50,244.
9	Total adjustments (net). Add lines 4 through 8	9	-4,917,789.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-197,865.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	12,687,954.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-4,867,545.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-25,165.
e	Add lines 2a through 2d	2e	-4,892,710.
3	Subtract line 2e from line 1	3	17,580,664.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,580,664.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	12,860,740.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	12,860,740.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,860,740.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**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.**

**PART X, LINE 2: THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM**

**FEDERAL INCOME TAX UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE.**

**HOWEVER, INCOME FROM CERTAIN INVESTMENT ACTIVITIES NOT DIRECTLY RELATED TO**

**THE FOUNDATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED**

**Part XIV** Supplemental Information (continued)

BUSINESS INCOME. THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

WITH A FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR YEARS BEGINNING BEFORE 2009.

IN ADDITION, THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION (170)(B)(1)(A)(VI) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(1).

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

CHANGE IN S/I AGREEMENT	-25,165.
CHANGE IN ESTIMATE	-25,079.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-50,244.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN S/I AGREEMENT VALUE	-25,165.
-------------------------------	----------



**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**Open to Public  
InspectionName of the organization  
**UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC**

Employer identification number

**59-6166292****Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes"  
to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance,  
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the  
United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND CARIBBEAN	0	0	INVESTMENT		12870000.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD	4,000.
EUROPE	0	0	PROGRAM SERVICES	STUDY ABROAD	14,000.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD	2,500.
SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDY ABROAD	2,500.
<b>3 a</b> Sub-total .....	0	0			12,893,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			12,893,000.

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

Schedule F (Form 990) 2011

**UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC**

Schedule F (Form 990) 2011

**59-6166292**

Page **2**

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ☐

**3** Enter total number of other organizations or entities ☐

**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.

Part III can be duplicated if additional space is needed.

[illegible]



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ..... ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ..... ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ..... ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ..... ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2011

Part V

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: GRANTS AND OTHER ASSISTANCE AWARDED TO INDIVIDUALS OUTSIDE THE UNITED STATES REPRESENTS STUDENT FINANCIAL AID. STUDENTS RECEIVING FINANCIAL AID ARE DETERMINED BY THE FOUNDATION GRANT COMMITTEE. THE COMMITTEE USES CRITERIA THAT ASSESSES ON THE BASE OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED, AND OTHER SIMILAR STANDARDS. THE OFFICE OF FINANCIAL AID AND THE FOUNDATION CONTINUOUSLY MONITOR STUDENT ELIGIBILITY FOR THESE AWARDS.

PART I, LINE 3: THE ACCOUNTING METHOD USED IS THE ACCRUAL METHOD.

FORM 990, PAGE 3, LINE 16, FORM 990, SCHEDULE F, PART III  
THE FOUNDATION DOES PROVIDE MORE THAN \$5,000 OF GRANTS OR ASSISTANCE TO INDIVIDUALS OUTSIDE OF THE UNITED STATES. HOWEVER, THAT INFORMATION IS MAINTAINED AT THE UNIVERSITY LEVEL. CURRENTLY, THE UNIVERSITY MAINTAINS LIMITED INFORMATION ON FOUNDATION SCHOLARSHIPS OUTSIDE OF THE UNITED STATES, AND IS UNDERGOING A SOFTWARE CONVERSION IN AN EFFORT TO PROVIDE BETTER REPORTING REGARDING FOUNDATION ACTIVITY.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2011**

Open To Public  
Inspection

Name of the organization **UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC**

Employer identification number  
**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 required to complete this part.

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CHARITABLE AUTO RESOURCES, INC. - 4669 MURPHY CANYON,	VEHICLE PROGRAM	X		39,250.	14,868.	24,382.
ELIZABETH G. HAMBLETON - 1198 BAY COURT, DESTIN, FL 32541	UNDERWRITING		X	36,627.	9,680.	26,947.
ALEXANDER HAAS - 3520 PIEDMONT ROAD, SUITE 300,	CONSULTING		X	0.	42,435.	0.
EMO ARCHITECTS, INC. - 1126 THOMASVILLE ROAD,	ATHLETIC FILM		X	0.	15,750.	0.
RAFFALOCODY, LLC - 65 KIRKWOOD NORTH ROAD SW, CEDAR	PHONATHON		X	0.	18,600.	0.
<b>Total</b>				75,877.	101,333.	51,329.

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

AK, AR, AZ, CA, CO, CT, DC, HI, KY, LA, MA, MD, ME, MI, MN, MO, MS, ND, NH, NJ, NY, OH, OK, SC, UT, VA, WA, WI



## UNIVERSITY OF WEST FLORIDA

Schedule G (Form 990 or 990-EZ) 2011 **FOUNDATION INC**

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

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue .....				
<b>Direct Expenses</b>				
2 Cash prizes .....				
3 Noncash prizes .....				
4 Rent/facility costs .....				
5 Other direct expenses .....				
6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
8 Net gaming income summary. Combine line 1, column d, and line 7 .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

## UNIVERSITY OF WEST FLORIDA

Schedule G (Form 990 or 990-EZ) 2011 **FOUNDATION INC**

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- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: CHARITABLE AUTO RESOURCES, INC.

(I) ADDRESS OF FUNDRAISER: 4669 MURPHY CANYON, #100, SAN DIEGO, CA 92123

(I) NAME OF FUNDRAISER: ALEXANDER HAAS

(I) ADDRESS OF FUNDRAISER:

3520 PIEDMONT ROAD, SUITE 300, ATLANTA, GA 30305

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: EMO ARCHITECTS, INC.

(I) ADDRESS OF FUNDRAISER: 1126 THOMASVILLE ROAD, TALLAHASSEE, FL 32303

(I) NAME OF FUNDRAISER: RAFFALOCODY, LLC

(I) ADDRESS OF FUNDRAISER:

65 KIRKWOOD NORTH ROAD SW, CEDAR RAPIDS, IA 52404

SCHEDULE G, PART I, LINE 2B, COLUMN (V): 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. IN A TIMELY MANNER (NO LESS THAN MONTHLY), CARS PROVIDES PERTINENT DONOR AND VEHICLE INFORMATION TO THE FOUNDATION. SUBSEQUENT TO THE SALES OF THE VEHICLE(S), CARS REMITS THE PROCEEDS, LESS APPLICABLE COMMISSIONS, TO THE FOUNDATION.



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization **UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC**

Employer identification number  
**59-6166292**

**Part I** General Information on Grants and Assistance

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

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

Schedule I (Form 990) (2011)

UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC

59-6166292

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	924	915,862.	0.	FAIR MARKET VALUE	N/A

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: SCHOLARSHIPS AND GRANTS ARE AWARDED BY THE  
 FOUNDATION THROUGH THE UNIVERSITY OF WEST FLORIDA (UWF). UWF ADHERES TO ANY  
 APPLICABLE STATE AND FEDERAL GUIDELINES, AS WELL AS THE GUIDELINES FROM  
 DONOR AGREEMENTS. THE FOUNDATION REIMBURSES UWF FOR AWARDS TO STUDENTS,  
 THUS NO DIRECT PAYMENTS ARE MADE TO GRANT/SCHOLARSHIP RECIPIENTS FROM THE  
 FOUNDATION.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC

Employer identification number

59-6166292

**Part I Questions Regarding Compensation**

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

☐ First-class or charter travel

☒ Housing allowance or residence for personal use

☒ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☒ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

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

**1b**

**X**

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

**2**

**X**

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

☐ Compensation committee

☒ Written employment contract

☐ Independent compensation consultant

☐ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee

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

**a** Receive a severance payment or change-of-control payment?

**4a**

**X**

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4b**

**X**

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

**4c**

**X**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization?

**5a**

**X**

**b** Any related organization?

**5b**

**X**

If "Yes" to line 5a or 5b, describe in Part III.

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

**a** The organization?

**6a**

**X**

**b** Any related organization?

**6b**

**X**

If "Yes" to line 6a or 6b, describe in Part III.

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

**7**

**X**

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

**8**

**X**

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

**9**

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

Schedule J (Form 990) 2011



**UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC**

Schedule J (Form 990) 2011

**59-6166292**

Page **2**

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. JUDITH BENSE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	316,992.	41,250.	0.	55,239.	6,662.	420,143.	274,952.
2 DR. KYLE MARRERO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	154,439.	0.	0.	13,013.	14,809.	182,261.	0.
3 HAROLD WHITE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	255,270.	0.	0.	22,619.	6,440.	284,329.	223,380.
4 CHULA KING	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	203,136.	0.	0.	18,126.	14,694.	235,956.	238,620.
5 MORRIS MARX	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	171,556.	0.	0.	15,932.	12,815.	200,303.	202,250.
6 JOHN AZZARETTO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	169,273.	0.	0.	15,735.	12,817.	197,825.	193,733.
7 MICHAEL DIECKMANN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	166,251.	0.	0.	15,688.	12,815.	194,754.	0.
8 FRANK RANELLI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	164,652.	0.	0.	15,175.	12,815.	192,642.	199,985.
9 JAMES HASSELBACK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	163,103.	0.	0.	12,932.	12,815.	188,850.	192,688.
10 ROBERT FAHNESTOCK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	154,770.	0.	0.	22,619.	6,440.	183,829.	205,094.
11 DR. SUSAN STEPHENSON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	104,459.	0.	0.	0.	0.	104,459.	0.
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2011

**Part III Supplemental Information**

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

PART I, LINE 1A: PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR

PERSONAL USE: J. BENSE, M. ALTIER, AND D. MARKER RECEIVED HOUSING

ALLOWANCES. THESE PAYMENTS WERE A PART OF THEIR RESPECTIVE COMPENSATION

PACKAGES AND ARE INCLUDED IN W-2 INCOME.

PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: DR. JUDITH

A. BENSE IS A MEMBER OF MCGUIRE'S IRISH POLITICIAN'S CLUB, A LOCAL

RESTAURANT MEMBERSHIP GROUP. KYLE MARRERO IS A MEMBER OF PENSACOLA COUNTRY

CLUB, A LOCAL COUNTRY CLUB. THESE MEMBERSHIPS ARE USED FOR ENTERTAINING

GUESTS OF THE UNIVERSITY OF WEST FLORIDA.

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ See separate instructions.

OMB No. 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization **UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC**

Employer identification number  
**59-6166292**

**Part I Bond Issues** SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> ESCAMBIA COUNTY FLORIDA HOUSING FINANCE AUTHORITY	59-3010066	296120BJ6	12/01/05	18,290,000.	TO REFUND THE 2002 DORMITORY RE		X		X		X
<b>B</b> ESCAMBIA COUNTY FLORIDA HOUSING FINANCE AUTHORITY	59-3010066	NONEXXXXXX	04/24/09	15,000,000.	BANK LOAN TO FINANCE CONSTRUCT		X		X		X
<b>C</b> ESCAMBIA COUNTY FLORIDA HOUSING FINANCE AUTHORITY	59-3010066	NONEXXXXXX	12/30/10	11,717,000.	REFUND THE 1998 DORMITORY REVENUE		X		X		X
<b>D</b> ESCAMBIA COUNTY FLORIDA HOUSING FINANCE AUTHORITY	59-3010066	296120CU0	02/15/11	16,189,083.	DORMITORY REVENUE BONDS FOR CONSTR		X		X		X

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired								
<b>2</b> Amount of bonds legally defeased								
<b>3</b> Total proceeds of issue	18,370,470.		15,000,000.		11,717,000.		16,189,083.	
<b>4</b> Gross proceeds in reserve funds			1,000,000.					
<b>5</b> Capitalized interest from proceeds			969,221.				260,523.	
<b>6</b> Proceeds in refunding escrows	17,725,312.				11,619,336.			
<b>7</b> Issuance costs from proceeds	310,158.		136,000.		97,664.		316,533.	
<b>8</b> Credit enhancement from proceeds	335,000.						305,318.	
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds			12,894,779.				15,306,709.	
<b>11</b> Other spent proceeds								
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion			2010				2012	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?	X			X	X			X
<b>15</b> Were the bonds issued as part of an advance refunding issue?	X			X		X		X
<b>16</b> Has the final allocation of proceeds been made?	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

**Part III Private Business Use**

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X



**UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC**

Schedule K (Form 990) 2011

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**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> 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 .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? .....		X		X		X		X
<b>2</b> Is the bond issue a variable rate issue? .....		X		X		X		X
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X		X		X
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintergrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>4a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X		X		X
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>5</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X		X		X
<b>6</b> Did the bond issue qualify for an exception to rebate? .....		X		X		X		X

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

**SEE PART VI SUPPLEMENTAL EXPLANATION SHEET**

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

ESCAMBIA COUNTY FLORIDA HOUSING FINANCE AUTHORITY - 2005 SERIES

(F) DESCRIPTION OF PURPOSE: TO REFUND THE 2002 DORMITORY REVENUE BONDS

(A) ISSUER NAME:

ESCAMBIA COUNTY FLORIDA HOUSING FINANCE AUTHORITY - 2009 SERIES

(F) DESCRIPTION OF PURPOSE:

BANK LOAN TO FINANCE CONSTRUCTION OF STUDENT HOUSING

(A) ISSUER NAME:

ESCAMBIA COUNTY FLORIDA HOUSING FINANCE AUTHORITY - 2010 SERIES

(F) DESCRIPTION OF PURPOSE: REFUND THE 1998 DORMITORY REVENUE BONDS

(A) ISSUER NAME:

ESCAMBIA COUNTY FLORIDA HOUSING FINANCE AUTHORITY - 2011 SERIES

(F) DESCRIPTION OF PURPOSE:

DORMITORY REVENUE BONDS FOR CONSTRUCTION OF STUDENT HOUSING

**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization **UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC**

Employer identification number  
**59-6166292**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....	X	40	39,250.	IMMEDIATE SALE OF IT
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	1	1,114.	HIGH/LOW AVG @ D.O.G
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....	X	24	0.	SEE COMMENTS - PART
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( <u>YAMAHA B.G. P</u> ) .....	X	1	15,000.	APPRAISED VALUE
26 Other ► ( <u>GEMEINHARDT F</u> ) .....	X	1	2,439.	APPRAISED VALUE
27 Other ► ( ) .....				
28 Other ► ( ) .....				

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

29

1

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period? .....

	Yes	No
30a		X
31	X	
32a	X	
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) (2011)



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

SCHEDULE M, LINE 32B: LINE 32(B): 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 SUBSEQUENTLY SELL THEM TO DEALERS, WHOLESALERS, OR AT AUCTIONS. UPON TRANSFER OF THE VEHICLE'S TITLE BY THE DONOR, CARS SENDS A DONATION RECEIPT TO THE DONOR. CARS NOTIFIES THE FOUNDATION ON A TIMELY BASIS WITH THE PERTINENT DONOR AND VEHICLE INFORMATION. SUBSEQUENT TO THE SALE OF THE VEHICLE(S), CARS REMITS TO THE FOUNDATION PROCEEDS LESS THE APPLICABLE COMMISSIONS.

SCHEDULE M, LINE 33: REVENUES FOR NON-CASH CONTRIBUTIONS NOTED IN LINE 18 ARE NOT REPORTED BECAUSE (1) THE COST OF AN APPRAISAL OR VALUATION WOULD EXCEED THE BENEFIT OF THE GIFT; AND/OR (2) NO MARKET READILY EXISTS FOR THE SALE OF THESE ITEMS.

PART 1, LINE 18: INCLUDED IN THIS CATEGORY ARE JAPANESE CLOTHING AND COLLECTIBLES; GENTLY-USED VIDEO, PHOTOGRAPHY, AND BUSINESS EQUIPMENT; TWO REFRIGERATORS AND AS-BUILT DRAWINGS FOR DEPARTMENT OF APPLIES SCIENCE, TECHNOLOGY, AND ADMINISTRATION (I.E., CONSTRUCTION PROGRAM).

DURING THE FISCAL YEAR, THERE WERE NO DONATIONS OF MARKETABLE SECURITIES RECEIVED AS PLEDGE PAYMENTS. IF THERE HAD BEEN SUCH PLEDGE PAYMENTS, THEY WOULD BE CREDITED AGAINST THE PLEDGE RECEIVABLE RATHER THAN CURRENT YEAR CONTRIBUTION INCOME AND WOULD NOT BE INCLUDED IN LINE 9 (SECURITIES - PUBLICLY TRADED).

LINE 1 THROUGH 28, COLUMN (B): PER SCHEDULE M INSTRUCTIONS, THE NUMBER

**Part II**

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

OF ITEMS RECEIVED (EXCEPT FOR LINE 9, "SECURITIES PUBLICLY TRADED") ARE  
REPORTED IN COLUMN (B), FOR LINE 9 ITEMS, THE NUMBER OF CONTRIBUTORS  
RECEIVED (VERSUS NUMBER OF EQUITY SHARES) ARE REPORTED.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

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 HAS 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 \$ 2,151,006. INCLUDING GRANTS OF \$ 181,498. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO BOARD REVIEW, THE FORM 990  
IS REVIEWED BY THE BUDGET, AUDIT, ALLOCATION COMMITTEE. AFTER THAT REVIEW,  
THE DRAFT OF THE FORM 990 IS PRESENTED TO ALL BOARD MEMBERS PRIOR TO THE  
MARCH 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



Name of the organization **UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC**

Employer identification number  
**59-6166292**

CONFLICT OF INTEREST HAS BEEN DECLARED OR FOUND TO EXIST MUST BE APPROVED  
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,KY,LA,ME,MD,MA,MI,MN,NH,NJ,NY,OH,OK,OR,SC,UT,WA,WV,WI,DC,AR  
MO,MS,ND,NH

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 5, CHANGES IN NET ASSETS:

<u>NET UNREALIZED LOSSES ON INVESTMENTS:</u>	<u>-4,867,545.</u>
<u>CHANGE IN S/I AGREEMENT</u>	<u>-25,165.</u>
<u>CHANGE IN ESTIMATE</u>	<u>-25,079.</u>
<u>TOTAL TO FORM 990, PART XI, LINE 5</u>	<u>-4,917,789.</u>

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Name of the organization UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC

Employer identification number  
59-6166292

FORM 990, PART IV, LINE 16, FORM 990, SCHEDULE F, PART III

THE FOUNDATION DOES PROVIDE MORE THAN \$5,000 OF GRANTS OR ASSISTANCE TO  
INDIVIDUALS OUTSIDE OF THE UNITED STATES. HOWEVER, THAT INFORMATION IS  
MAINTAINED AT THE UNIVERSITY LEVEL. CURRENTLY, THE UNIVERSITY  
MAINTAINS LIMITED INFORMATION ON FOUNDATION SCHOLARSHIPS OUTSIDE OF THE  
UNITED STATES, AND IS UNDERGOING A SOFTWARE CONVERSION IN AN EFFORT TO  
PROVIDE BETTER REPORTING REGARDING FOUNDATION ACTIVITY.

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
► Attach to Form 990. ► See separate instructions.

Name of the organization **UNIVERSITY OF WEST FLORIDA  
FOUNDATION INC** Employer identification number  
**59-6166292**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNIVERSITY OF WEST FLORIDA - 59-2976783 11000 UNIVERSITY PARKWAY PENSACOLA, FL 32514	HIGHER EDUCATION	FLORIDA	115(1)	N/A	N/A		X
WEST FLORIDA HISTORIC PRESERVATION, INC. - 23-7009319, 120 CHURCH STREET, PENSACOLA, FL 32501	HISTORIC PRESERVATION	FLORIDA	501(C)(3)	170(B)(1)(A)	N/A		X
UWF BUSINESS ENTERPRISES, INC. - 32-0367342 11000 UNIVERSITY PARKWAY, BUILDING 10 PENSACOLA, FL 32514	HIGHER EDUCATION DEVELOPMENT	FLORIDA	501(C)(3)	170(B)(1)(A)	N/A		X

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

Schedule R (Form 990) 2011





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Sale of assets to related organization(s) .....	<b>1f</b>	X
<b>g</b> Purchase of assets from related organization(s) .....	<b>1g</b>	X
<b>h</b> Exchange of assets with related organization(s) .....	<b>1h</b>	X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1j</b>	X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1l</b>	X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of paid employees with related organization(s) .....	<b>1n</b>	X
<b>o</b> Reimbursement paid to related organization(s) for expenses .....	<b>1o</b>	X
<b>p</b> Reimbursement paid by related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Other transfer of cash or property to related organization(s) .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property from related organization(s) .....	<b>1r</b>	X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) UWF BUSINESS ENTERPRISES, INC.	F	238,000.	APPRAISAL
(2) UNIVERSITY OF WEST FLORIDA	K	266,139.	ACCRUAL ACCOUNTING
(3) UNIVERSITY OF WEST FLORIDA	N	1,248,511.	ACCRUAL ACCOUNTING
(4) UNIVERSITY OF WEST FLORIDA	O	2,632,953.	ACCRUAL ACCOUNTING
(5)			
(6)			





**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**PART V, SECTION 2, LINE 1**

THE UWF FOUNDATION SOLD/TRANSFERRED A PIECE OF RENTAL REAL ESTATE APPRAISED AT \$238,000 TO UWF BUSINESS ENTERPRISES, INC., FOR CONSIDERATION OF \$10.00. THE PROPERTY WAS SOLD TRANSFERRED TO ASSIST WITH START UP ASSETS FOR THE NEW UNIVERSITY DIRECT SUPPORT ORGANIZATION.

**PART V, SECTION 2, LINE 2**

THE UWF FOUNDATION PROVIDES ALL THE FUNDRAISING EFFORTS FOR THE UNIVERSITY OF WEST FLORIDA. THE AMOUNT OF \$266,139 WAS THE AUDITED FINANCIAL STATEMENT COST OF THE FOUNDATION PROVIDING THESE SERVICES.

**PART V, SECTION 2, LINE 3**

THE UWF FOUNDATION AND THE UNIVERSITY OF WEST FLORIDA SHARE FUNDRAISING EMPLOYEES. THE FOUNDATION PAYS A PORTION OF FACULTY SALARIES FROM PROGRAM AND PROFESSORSHIP ACCOUNTS AND THE FOUNDATION PAYS A PORTION OF STAFF SALARIES FROM PROGRAM ACCOUNTS. THE AMOUNT OF \$1,248,511 IS INCLUDED IN THE AMOUNT REPORTS IN PART V, SECTION 2, LINE 4 TOTAL OF \$2,632,953.

**PART V, SECTION 2, LINE 4**

THE UWF FOUNDATION TRANSFERS CASH TO THE UNIVERSITY OF WEST FLORIDA TO PROCESS SHARED PAYROLL EXPENSE, FOUNDATION STAFF PAYROLL EXPENSES, AND TO SUPPORT PROGRAM EXPENSES AT THE UNIVERSITY. THE TOTAL OF \$2,632,953 INCLUDES THE \$1,248,511 THAT IS INCLUDED IN PART V, SECTION 2, LINE 3.

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

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

Type or print	Name of exempt organization or other filer, see instructions. <b>UNIVERSITY OF WEST FLORIDA FOUNDATION INC</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>59-6166292</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>11000 UNIVERSITY PKWY BLDG 12</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PENSACOLA, FL 32514-5732</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SHERI POPE**

- The books are in the care of ► **11000 UNIVERSITY PKWY, BLDG. 12 - PENSACOLA, FL 32514**

Telephone No. ► **(850) 474-3380**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**

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

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2012)

2nd ext

83369

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions	
<b>Type or print</b> Name of exempt organization or other filer, see instructions <b>UNIVERSITY OF WEST FLORIDA FOUNDATION INC</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>59-6166292</b>
Number, street, and room or suite no. If a P.O. box, see instructions. <b>11000 UNIVERSITY PKWY BLDG 12</b>	Social security number (SSN) <input type="checkbox"/>
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PENSACOLA, FL 32514-5732</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**SHERI POPE**

- The books are in the care of **11000 UNIVERSITY PKWY, BLDG. 12 - PENSACOLA, FL 32514**  
 Telephone No. **(850) 474-3380** FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2013**.
- 5 For calendar year , or other tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension

**INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN IS UNAVAILABLE AT THIS TIME. THEREFORE PLEASE GRANT THIS EXTENSION.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **EXECUTIVE DIRECTOR** Date