EXTENDED TO MAY 15, 2023 Form 990-T **Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning JUL 1, 2021 and ending JUN 30, 2022 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). DEmployer identification number Check box if Name of organization ( Check box if name changed and see instructions.) address changed. UNIVERSITY OF WEST FLORIDA FOUNDATION INC B Exempt under section Print 59-6166292 E Group exemption number X 501(c)(3) Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 11000 UNIVERSITY PKWY BLDG 12 220(e) 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code PENSACOLA, FL 32514-5732 529(a) 529A Check box if C Book value of all assets at end of year . 176,233,105. an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Check if filing only to ▶ ☐ Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. Telephone number ▶ 850-474-3380 The books are in care of ▶ DANIEL LUCAS Part I Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see 5,315. instructions) 1 Reserved 2 5,315. Add lines 1 and 2 3 Charitable contributions (see instructions for limitation rules) 0. 4 5,315. 'Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5,315. Deduction for net operating loss. See instructions STATEMENT 1 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 7 Specific deduction (generally \$1,000, but see instructions for exceptions) 1,000. 8 8 Trusts. Section 199A deduction. See instructions 9 Total deductions. Add lines 8 and 9 1,000. 10 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 0. Part II Tax Computation 0. Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) Proxy tax. See instructions 3 3 Other tax amounts. See instructions 4 Alternative minimum tax (trusts only) 5 5 Tax on noncompliant facility income. See instructions 6 Total. Add lines 3 through 6 to line 1 or 2, whichever applies

Form 990-T (2021)

LHA For Paperwork Reduction Act Notice, see instructions.

Part	III Tax and Payments	Marca Ci	Water Street		19.1
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a				
b	Other credits (see instructions) 1b				
c	General business credit. Attach Form 3800 (see instructions) 1c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d				
e	Total credits. Add lines 1a through 1d		1e		
2	Subtract line 1e from Part II, line 7		2		0.
3		Form 8866	200		
	Other (attach statement)		3		
4	Total tax. Add lines 2 and 3 (see instructions).				
	section 1294. Enter tax amount here		4		0.
			5		0.
	Payments: A 2020 overpayment credited to 2021 6a				1
	2021 estimated tax payments. Check if section 643(g) election applies 6b				
c	Tax deposited with Form 8868 6c	No.			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d	17 19 19 19 19			
	Backup withholding (see instructions) 6e				
f	Credit for small employer health insurance premiums (attach Form 8941)  6f				
	Other credits, adjustments, and payments: Form 2439				
•	□ Form 4136 □ Other □ Total ▶ 6g		141		
7	Total payments. Add lines 6a through 6g		7		
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8		
	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9		
	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10		
	Enter the amount of line 10 you want: Credited to 2022 estimated tax	Refunded >	11	1	
Part			and the state of t		
3 4	If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  Enter available pre-2018 NOL carryovers here  \$\sum_{0.0000}\$ \$\sum_{0.00000}\$ \$\sum_{0.00000000000000000000000000000000000	▶ \$st-2017 NOL car	rryover		X
	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers.				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year.	See instructions.			
	Business Activity Code Available p	ost-2017 NOL o			
	901101 \$	A STATE OF	7,173.		
No. 2	\$	外的任息重要	Sept.		
6a	Did the organization change its method of accounting? (see instructions)			1	X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 11	28? If "No,"		6	
	explain in Part V			1/2	
Part \	V Supplemental Information			ġ.	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to correct, and complete. Declaration of preparar (other than taxpayer) is based on all information of which preparer has any knowled CHIEF FINANCI  OFFICER	he best of my knowledge.	dge and belief, it is to ay the IRS discuss th e preparer shown bel	is return v	vith
	Signature of officer Date Title	in	structions)? X	'es	No
Paid	Print/Type preparer's name Preparer's signature Date  MOLLY MURPHY, CPA MOLLY MURPHY, CPA 04/24/23	self- employed	PTIN	783	
Prepa	CALEMADOU OF PAUL AND AND CIDED	Firm's EIN ▶	59-292		9
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## SCHEDULE A (Form 990-T)

## Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

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

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

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

A Name of the organization UNIVERSITY OF WEST FLORIDA

FOUNDATION INC

B Employer identification number
59-6166292

C Unrelated business activity code (see instructions) > 901101

D Sequence: 1 of 1

Part	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	ess returns and allowances c Balance >	1c			
2 (	Cost of goods sold (Part III, line 8)	2			
	Gross profit. Subtract line 2 from line 1c	3		<b>建</b>	
	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
C	Capital loss deduction for trusts	4c			
5	ncome (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
	Unrelated debt-financed income (Part V)	7			
	nterest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 1	nvestment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
	Exploited exempt activity income (Part VIII)	10			
	Advertising income (Part IX)	11			
	Other income (see instructions; attach statement) STMT 3	12	5,315.		5,315
13	Total. Combine lines 3 through 12	13	5,315.		5,315

_				
1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages			
3	Repairs and maintenance			
4	Bad debts			4.5
5	Interest (attach statement). See instructions	5		
6	Taxes and licenses	THE RESERVE OF THE PARTY OF THE		
7	Depreciation (attach Form 4562). See instructions			
8	Less depreciation claimed in Part III and elsewhere on return		8b	Carlo Carlo
9	Depletion		9	
10	Contributions to deferred compensation plans	40		
11	Employee benefit programs			
12	Excess exempt expenses (Part VIII)			
13	Excess readership costs (Part IX)			
14	Other deductions (attach statement)		15.1	
15	Total deductions. Add lines 1 through 14		0.	
16	Unrelated business income before net operating loss deduction. Subtract	line 15 from Part I, line 13,		
	column (C)		16	5,315.
17	Deduction for net operating loss. See instructions			0.
18	Unrelated business taxable income. Subtract line 17 from line 16		The second secon	5,315.
1114	F D I D I N A A N A C I		Cabadula A	(Form 000 T) 202

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III	A (Form 990-T) 2021 Cost of Goods Sold Enter metho	od of inventory valuation	•		Page :
		od of inventory valuation		1	
	Purchases Cost of labor				
4	Cost of laborAdditional section 263A costs (attach statement)			4	
	Other costs (attach statement)				
6 1	Fotal. Add lines 1 through 5			6	
	nventory at end of year				
	Cost of goods sold. Subtract line 7 from line 6. Enter he				THE PARTY
	Do the rules of section 263A (with respect to property pro			*******	Yes No
art IV					N. S. Print, St. 12
1 [	Description of property (property street address, city, sta	te, ZIP code). Check if a	dual-use. See instruction	ons.	
E	3				The state of the s
(					
		Α	В	С	D
2 F	Rent received or accrued				
a F	rom personal property (if the percentage of				
r	ent for personal property is more than 10%	1. A. A. A. A. A. A. A.			
	out not more than 50%)				
	From real and personal property (if the	HE TAX TO BE A DECEMBER OF THE PARTY OF THE			
F	percentage of rent for personal property exceeds				
5	50% or if the rent is based on profit or income)		No. of the last of		The state of the
c T	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3 T	otal rents received or accrued. Add line 2c columns Att	nrough D. Enter here and	on Part I, line 6, colum	nn (A)	0.
	Deductions directly connected with the income				
4 i	n lines 2(a) and 2(b) (attach statement)				752 111 16
	otal deductions. Add line 4 columns A through D. Ente		6, column (B)		0.
art V	Unrelated Debt-Financed Income (see	instructions)			
1 [	Description of debt-financed property (street address, city	y, state, ZIP code). Checl	k if a dual-use. See inst	ructions.	
1					
E					March Control
(					
		A	В	С	D
	Gross income from or allocable to debt-financed				
	property				
	Deductions directly connected with or allocable	2.2			
	o debt-financed property				
a 5	Straight line depreciation (attach statement)				
	Other deductions (attach statement)			Section of	
	Total deductions (add lines 3a and 3b,				
	columns A through D)	4 2 3 3 3 3			1 2 2
4 /	Amount of average acquisition debt on or allocable				
t	o debt-financed property (attach statement)				
	Average adjusted basis of or allocable to debt-				
5 A		to the second se			
5 A	inanced property (attach statement)		CONTRACTOR OF STREET	AND DESCRIPTION OF THE PERSON	ALTERNATION OF THE PARTY OF THE
5 A fi 6 E	Divide line 4 by line 5	%	%	%	9
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Total dividends-received deductions included in line 10

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Part VI Interest, Annuiti	ies, Royalties, and Ro	ents fror	n Control	led Or	ganizations	s (s	ee instruct	ions)		
	Exempt Controlled Organizations									
Name of controlled organization	2. Employer identification number	incon			al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		in the aniza-	6. Deductions directly connected with income in column 5	
(1)										
(2)				State 1				W. Ca		
(3)						3				
(4)										
<b>是是是是是是是</b>	No	onexempt C	Controlled O	ganizati	ons					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10				
(1)										
(2)						128				
(3)				4 750		Lat vi				
(4)						- All				
					Add columns 5 a Enter here and on line 8, column		Part I,	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals				•			0.		0.	
	come of a Section 50	)1(c)(7), (	9), or (17)	Organ	nization (s	ee ins	tructions)			
1. Description of income			2. Amou incor	nt of					5. Total deduction and set-asides (add cols 3 and 4)	
(1)			W. College				3000			
(2)				1	图 五基基					
(3)							36 47 2			
(4)									Agrico de la companya della companya della companya de la companya de la companya della companya	
			Add amor column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I line 9, column (B)	
Totals   Part VIII   Exploited Exe	empt Activity Income	Other 1	han Adve	-	Income	see in	structions)			
	THE RESERVE OF THE PARTY OF THE	, other i	Tiuli 7 tu 1	or trom;	g moonie ,	300 111	Structions		AND THE PARTY	
	s income from trade or bus	iness Ento	r here and o	n Part I	line 10. colum	n (A)		2		
	cted with production of unr					200		-		
								3		
	nrelated trade or business.									
								4		
	ity that is not unrelated bus							5		
	income entered on line 5							6	Charles Inc.	
	s. Subtract line 5 from line									
								7		
4. Enter here and on Par								7		

FORM 990-T (A)	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
STEPSTONE PIONEER CA	5,315	
TOTAL TO SCHEDULE A,	PART I, LINE 12	5,315
FORM 990-T DESCR	IPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 4

INVESTMENTS IN PARTNERSHIPS & RENTAL REAL ESTATE

TO FORM 990-T, SCHEDULE A, LINE E

990-Т SCH	A	POST-201	7 NET	OPERATING 1	LOSS DI	EDUCTION	STATEMEN	T 5
TAX YEAR LOSS		SUSTAINED	PRE	LOSS VIOUSLY PPLIED	LOSS REMAINING		AVAILABLE THIS YEAR	
06/30/19 06/30/21		3,176. 3,997.	There's	0.		3,176. 3,997.	A CONTRACTOR OF THE PROPERTY O	176. 997.
	VER AV	AILABLE THIS	YEAR			7,173.		173.