

990

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990 tax year beginning JUL 1, 2013 and ending JUN 30, For the 2013 calendar year, or tax year beginning JUL 1, 2013 D Employer identification number C Name of organization Check if applicable: Address change UWF BUSINESS ENTERPRISES, INC, Name change 32-0367342 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (850)474-2210 Termin-ated 11000 UNIVERSITY PARKWAY Amended G Gross receipts \$ 4,600,266. City or town, state or province, country, and ZIP or foreign postal code Applica-PENSACOLA, FL 32514 H(a) Is this a group return pending F Name and address of principal officer: DR . JAMES BARNETT Yes X No for subordinates? 11000 UNIVERSITY PARKWAY, PENSACOLA, FL 325 H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ▶ UWF . EDU/BEI H(c) Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 2011 M State of legal domicile: FL Other > Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: ASSIST THE UNIVERSITY OF WEST Governance FLORIDA IN EXPANDING ITS EXISTING SERVICES AND FACILITIES AND Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 26 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 837,907. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a -334,657. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 5,554. Contributions and grants (Part VIII, line 1h) 1,989,559. 4,145,163. Program service revenue (Part VIII, line 2g) 43,727. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 204,201. 376,514. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,237,487. 4,527,231. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Ō. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 473,618. 537,166. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 2,240,463 3,273,876. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,777,629. 3,747,494. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) -540,142.779,737. 19 Revenue less expenses. Subtract line 18 from line 12 or **Beginning of Current Year End of Year** 3,890,325. 4,781,569. 20 Total assets (Part X, line 16) 4,211,653. 4,323,160. 21 Total liabilities (Part X, line 26) Net / 321,328. 458,409. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjuty, 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. dernes 13 NOV Signature of officer Sign DR JAMES BARNETT, INTERIM CEO Here Type of print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/12/14 P00843460 AMY CHAPMAN AMY CHAPMAN Paid CLIFTONLARSONALLEN LLP 41-0746749 Firm's EIN Preparer Firm's name Firm's address 420 SOUTH ORANGE AVENUE, SUITE 500 Use Only Phone no. 407-802-1200 ORLANDO, FL 32801

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

X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ASSIST THE UNIVERSITY OF WEST FLORIDA IN EXPANDING ITS EXISTING
	SERVICES AND FACILITIES AND DEVELOP NEW SERVICES AND FACILITIES TO
	SUPPORT THE CAMPUS COMMUNITY AND ENHANCE CURRENT AUXILIARIES AND
	BUSINESSES TO INCREASE ALTERNATE SOURCES OF REVENUE.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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.
3576	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,578,734 · including grants of \$) (Revenue \$ 3,673,056 ·)
	MANAGEMENT OF THE UNIVERSITY OF WEST FLORIDA'S FOOD SERVICE PROVIDER
	CONTRACT FOR ALL RETAIL AND CATERING FOOD SERVICES AT THE MAIN CAMPUS,
	SCENIC HILLS COUNTRY CLUB AND CONCESSION SERVICE AT ATHLETIC,
	RECREATIONAL AND SPECIAL EVENTS AT THE MAIN CAMPUS, MANAGEMENT OF THE
	BOOKSTORE SERVICES CONTRACT FOR THE UNIVERSITY, MANAGEMENT OF PARKING
	AND TRANSPORTATION SERVICES FOR THE UNIVERSITY, AND THE OPERATION OF
	SCENIC HILLS COUNTRY CLUB. THE UNIVERSITY SERVES A STUDENT POPULATION
	OF MORE THAN 12,000.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
74	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 3,578,734.
	Total program service expenses

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a 20b X

Form 990 (2013) UWF BUSINESS ENTERPRISES, Part IV Checklist of Required Schedules (continued)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	Annua -		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	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			Х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35a		35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	pulaninan		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule 0	38	X	

Form 990 (2013) UWF BUSINESS ENTERPRISES, INC, Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	Х						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 26								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х						
	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	If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year			Х					
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f									
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		-						
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	3							
а	Did the organization make any taxable distributions under section 4966?	9a							
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1 1 1 1	;						
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			/					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
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								
	Enter the amount of reserves on hand		8	37					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	200	0040					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

UWF BUSINESS ENTERPRISES, INC,

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? 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 filling the form? 11a **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 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 14 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? 15a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b 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 X taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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. Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANGELA WALLACE - (850) 474-2210 11000 UNIVERSITY PARKWAY, PENSACOLA,

Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

	Check if Schedule O contains a response or note to any line in this Part VII	
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Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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 r	or any related	orga	aniza	ation	co	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	/do	not c	Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	99			sated		organization	(W-2/1099-MISC)	from the organization
	related	ustee	trust		83	Suadu		(W-2/1099-MISC)		and related
	organizations below	ual tr	ional		yoldı	yee yee	L			organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	orme			organization o
(1) K.C. CLARK	1.00	=	=	0	~	Τø	u.	l and the second		
CHAIRPERSON		Х		х				0.	0.	0.
(2) JAY PATEL	1.00									
VICE CHAIRPERSON		Х		х				0.	0.	0.
(3) DR. JOHN R. TODOROVICH	1.00									
TREASURER	39.00	Х		Х				0.	88,005.	5,836.
(4) SUZANNE LEWIS	1.00									
SECRETARY		Х		X				0.	0.	0.
(5) RAY JONES	1.00							27 = 2	_	_
DIRECTOR		Х						0.	0.	0.
(6) DR. HAL WHITE	1.00							_		
DIRECTOR	39.00	X						0.	176,601.	11,582.
(7) JUDGE LACEY COLLIER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) DR. JAMES BARNETT	6.00							0	147 000	22 040
INTERIM CEO	34.00			Х			. 1100	0.	147,020.	32,049.
(9) DR. JUDITH BENSE	0.00						37	0	276 244	02 124
FORMER CHAIRPERSON	40.00			0.000			X	0.	376,344.	92,124.
				-						
			_							
							_			
-										
						П				
3										

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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 (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable	(E) Reportable compensati from relate organization	ion amount of other			of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer	The state of the s	(W-2/1099-MI	0.0000000000	fr org and	om the anizati d relate anizatio	e ion ed
	iii icy	ul	Ē	1 5	Ke	王与	8						
·													
													-
1b Sub-total c Total from continuation sheets to Part VI	I, Section A						•	0.	787,9	0.		1,59 1,59	0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization 											14.	1,5	0
Did the organization list any former officer,	director, or tru	stee	e. ke	v en	olan	vee.	or l	highest compensated er	mplovee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su	uch individual										3	Х	
and related organizations greater than \$150Did any person listed on line 1a receive or a	0,000? <i>If "Yes,"</i> ccrue compen	cor sati	<i>mple</i> on fi	ete S rom	Sche any	dule unr	J f	for such individual			4	Х	
rendered to the organization? If "Yes," comp Section B. Independent Contractors	olete Schedule	J fo	or su	ıch _l	oers	on .					5		X
Complete this table for your five highest country the organization. Report compensation for the organization.										npensa	ation f	rom	
(A) Name and business	2000	ar e	riuir	ig w	/ILIT	JI WI		(B) Description of se		Co	(C) nsatior	1
LANDRUM HUMAN RESOURCES (6723 PLANTATION ROAD, PEN		F	L	32	250	4	F	EMPLOYEE LEA	SING		441	1,50	01.
												67	
										_			
							+						
2 Total number of independent contractors (in	- 150 m	ot lin	nited	d to	-		ted	above) who received m	ore than				
\$100,000 of compensation from the organiz	ation >			-	1	_					- (200 (0	046

		Check if Schedule O contain	ins a response	or note to any li	ne in this Part VIII			
				Le d'igre	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran		Membership dues				7		
ã,g		Fundraising events						-T_==
ifts ar A		Related organizations				5.1.1		
s, G		Government grants (contributio						
Sign		All other contributions, gifts, grants						27
the		similar amounts not included above		5,554.				
ΞĎ	g	- 1995 N. W. W. St. 1995 N. 1997 N. 19	11	3,846.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f		>	5,554.		4	
				Business Code		4 9 9		
e l	2 a	PARKING AND TRAN	NSPORTA	900099	2,558,700.	2,558,700.		
اھ ≧	b	FOOD SERVICE CON	MISSIO	900099	440,720.	440,720.		
Program Service Revenue	С	BOOKSTORE COMMIS	SSIONS	451211	430,424.			
eve	d	GOLF COURSE SALE	ES .	713910	299,267.	24,157.	275,110.	
P. G.	е	COUNTRY CLUB MEN	MBERSHI	713910	226,011.	13,227.	212,784.	(5)
ፈ	f	All other program service reven	ue	900099	190,041.	190,041.		
	g				4,145,163.			
	3	Investment income (including d						
		other similar amounts)						
	4	Income from investment of tax-	exempt bond p	oroceeds >	- 09			
.	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	20,310.					
	b	Less: rental expenses	9,596.					
	С	Rental income or (loss)	10,714.		400 000 000000			
	d	Net rental income or (loss)			10,714.			10,714.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis				38		
- 1		and sales expenses						
- 1	С	Gain or (loss)						
	d	Net gain or (loss)		<u></u>				
او	8 a	Gross income from fundraising	events (not					
enne		including \$	of					
ě		contributions reported on line 1	c). See					
Other Rev		Part IV, line 18	a					
ξl		Less: direct expenses						
٦	С	Net income or (loss) from fundra	aising events	>				
	9 a	Gross income from gaming activ	vities. See					
		Part IV, line 19	а					
		Less: direct expenses				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	С	Net income or (loss) from gamin	ng activities	<u></u>				
	10 a	Gross sales of inventory, less re		400 000				
		and allowances		423,239.				
	b	Less: cost of goods sold	b	63,439.	250 000	0 707	250 012	
Į.	С	Net income or (loss) from sales	of inventory		359,800.	9,787.	350,013.	
ļ		Miscellaneous Revenue	101012	Business Code	C 000	C 000		
	11 a	MARKETING COMMIS	STONS	900099	6,000.	6,000.		
	b	1						
	С	Y						
	d	All other revenue			6 000	20.00		
	е	Total. Add lines 11a-11d			6,000.	3,673,056.	837 007	10,714.
	12	Total revenue. See instructions			4,54/,431.	2,0/2,050.	031,301.	10,/14.

Form 990 (2013) UWF BUSINESS Deart IX Statement of Functional Expenses

Sec	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX									
_	1907 W 97 425 45 No Wee (41097)	(A)		(C)	(D)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and		СХРОПОСС	gorioral expenses	олроново					
	organizations in the United States. See Part IV, line 21		8							
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22									
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			1						
	persons described in section 4958(c)(3)(B)	100 = 60	400 560							
7	Other salaries and wages	433,763.	433,763.							
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	20 055	20 055		4					
9	Other employee benefits	39,855.	39,855.							
10	Payroll taxes									
11	Fees for services (non-employees):									
а										
b	•	48,727.	-	48,727.						
C		40,727.		40,727.						
d	, , , , , , , , , , , , , , , , , , , ,									
e	All the transfer the respective control the respective of the control that the respect to the re									
f	Other. (If line 11g amount exceeds 10% of line 25,									
g	column (A) amount, list line 11g expenses on Sch 0.)	51,683.	44,183.	7.500						
12	Advertising and promotion	76,219.	74,907.	7,500.						
13	Office expenses	31,552.	29,886.	1,666.						
14	Information technology	28,770.	21,753.	7,017.						
15	Royalties	3000000 - 30 - 31 - 50000		•						
16	Occupancy	104,079.	104,079.							
17	Travel	859.		859.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest	43,312.	1,419.	41,893.						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	97,784.	97,784.	0.005						
23	Insurance	55,113.	53,028.	2,085.						
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 0.)									
а	PARKING AND TRANSPORTAT	1,147,000.	1,147,000.							
b	BOOK STORE MANAGEMENT	668,953.	668,953.							
C	FOOD SERVICE MANAGEMENT	490,363.	490,363.							
d	GOLF COURSE MAINTENANCE	137,782.	137,782.							
е	All other expenses	291,680.	233,979.	57,701.						
25	Total functional expenses. Add lines 1 through 24e	3,747,494.	3,578,734.	168,760.	0.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

Form 990 (2013)
Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part	X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	805,138	• 1	1,667,280
2	Savings and temporary cash investments		2	100
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	1 11/ 0/7	• 4	130,271
5	Loans and other receivables from current and former officers, directors,			
7000	trustees, key employees, and highest compensated employees. Compl	ete		
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined		0	
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and confi	ributing		
	employers and sponsoring organizations of section 501(c)(9) voluntary		1 - 5 -	
g	employees' beneficiary organizations (see instr). Complete Part II of Sch	L	6	
Assets	Notes and loans receivable, net		7	
₹ 8	Inventories for sale or use	66,695		51,192
9	Prepaid expenses and deferred charges	6 426	• 9	4,405
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 3,086 A Less: accumulated depreciation 10b 158 A	661.		
b	Less: accumulated depreciation 10b 158	240. 2,544,681	• 10c	2,928,421
11	Investments - publicly traded securities		11	
12	Investments · other securities. See Part IV, line 11		12	
13	Investments · program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	350,438		0
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,890,325		4,781,569
17	Accounts payable and accrued expenses		• 17	167,802
18	Grants payable		18	
19	Deferred revenue	1 2 044 026	• 19	3,058,371
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trust	ees,		
	key employees, highest compensated employees, and disqualified pers	ons.		
22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		• 23	1,044,014
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part 2	Cof		
	Schedule D	42,072		52,973
26	Total liabilities. Add lines 17 through 25		• 26	4,323,160
	Organizations that follow SFAS 117 (ASC 958), check here ▶	and		
g	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
₹	Organizations that do not follow SFAS 117 (ASC 958), check here	X		
5	and complete lines 30 through 34.			
27 28 29 29 30 31 32	Capital stock or trust principal, or current funds	0		0.
31	Paid-in or capital surplus, or land, building, or equipment fund	0		0.
32	Retained earnings, endowment, accumulated income, or other funds	-321,328		458,409.
33	Total net assets or fund balances	-321,328		458,409.
34	Total liabilities and net assets/fund balances	1 2 000 225	• 34	4,781,569.

Form **990** (2013)

	1990 (2019)				3,-	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				Ш	
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6 7 8	4,52	7,2 7,4 9,7	94.	
8 9	Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9					
10						
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	d on a		Yes	No X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 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. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
Jd	Act and OMB Circular A-133?		3a		х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits and a undergo such audits.		3h			

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No. 1545-0047

Open to Public Inspection

			UWF BU	SINESS ENTERI	PRISES	S, INC			- 1	3	2-036	1342	4	
Par	tΙ	Reason		rity Status (All organi				rt.) See ins	tructions.					
The c	rgan			because it is: (For lines										
1				es, or association of chu).					
2				70(b)(1)(A)(ii). (Attach So										
3				oital service organization			170(b)(1))(A)(iii).						
4 [A medical re	search organization	operated in conjunction	with a ho	spital desc	ribed in se	ection 170)(b)(1)(A)(i	ii). Enter	the hospita	l's nar	ne,	
		city, and sta												
5		An organizat	tion operated for the	benefit of a college or u	niversity o	wned or o	perated by	y a govern	mental un	it describ	oed in			
		section 170	0(b)(1)(A)(iv). (Comp	lete Part II.)										
6	X	A federal, sta	ate, or local governn	nent or governmental un	it describe	d in sectio	n 170(b)(1)(A)(v).						
7 [10	ceives a substantial part					or from the	e general	public des	cribed	in	
		n=:	(b)(1)(A)(vi). (Comple											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9 [An organizat	tion that normally re	ceives: (1) more than 33	1/3% of its	s support f	rom contr	ibutions, n	nembersh	ip fees, a	ınd gross re	ceipts	from	
		activities rela	ated to its exempt fu	inctions - subject to certa	ain except	ions, and (2) no more	e than 33	1/3% of its	s support	t from gross	inves	tment	
				taxable income (less sec										
		See section	509(a)(2). (Complet	e Part III.)										
10		An organizat	ion organized and o	perated exclusively to te	st for pub	lic safety. S	See secti o	on 509(a)(4	4).					
11		An organizat	ion organized and o	perated exclusively for the	he benefit	of, to perfe	orm the fu	nctions of	, or to car	y out the	purposes	of one	or	
		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.												
		а Туре		* 1		inctionally					n-functiona			
e				at the organization is not										
				than one or more publicl						9(a)(1) or	section 50	∂(a)(2).		
f		If the organiz	zation received a wri	tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				_	
			rganization, check t	CONTRACTOR									. L	
g				organization accepted ar									_	
		(i) A perso	n who directly or inc	directly controls, either a	lone or tog	ether with	persons of	described	in (ii) and i	(iii) below		Yes	No	
		the gov	erning body of the s	supported organization?										
				n described in (i) above?								T	-	
		(iii) A 35%	controlled entity of a	a person described in (i) o	or (ii) abov	e?					11g(iii)		l.	
h		Provide the f	ollowing information	about the supported or	ganization	(s).								
			,				Free Control		I () I					
(i) N		of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization sted in your	(v) Did yo	u notify the tion in col.	(vi) la organizați	on in col. I	(vii) Amoun		netary	
	orga	nization		(described on lines 1-9 above or IRC section		document?		r support?	(i) organiz U.S	ed in the	sup	port		
				(see instructions))		-			Yes	1				
				70 540	Yes	No	Yes	No	165	No	-			
		000												
								X 1.30						
Total														

Schedule A (Form 990 or 990-EZ) 2013 UWF BUSINESS ENTERPRISES, INC, 32-0367342 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and					[a	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
. •	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
ŭ	by each person (other than a					19, 1	to.
	governmental unit or publicly						
	supported organization) included					50 (3	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	100 100 100 100 100					8	
6	Public support. Subtract line 5 from line 4.					-	
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
		(a) 2009	(b) 2010	(6) 2011	(d) 2012	(0) 2010	(1)
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
200	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					74	
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10					12	
12	Gross receipts from related activities,	etc. (see instruction	ons)				
13	First five years. If the Form 990 is for						
200	organization, check this box and stop	ic Support Pe	rcentage				
						14	0/6
14	Public support percentage for 2013 (I	ine 6, column (1) al	IVidea by line 11, 0	column (i))		15	<u>%</u>
	Public support percentage from 2012						
16a	33 1/3% support test - 2013. If the c						
	stop here. The organization qualifies	as a publicly supp	orted organization	l	l line 15 in 22 1/20/	or more, check th	sie boy
b	33 1/3% support test - 2012. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation	- 10 10- or 10b /	and line 14 is 1004	or more
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	ization
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17		nd see instruction	

Schedule A (Form 990 or 990-EZ) 2013 UWF BUSINESS ENTERPRISES, INC, 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 \

Celledary year (or fleat year beginning in)	Sec	ction A. Public Support	elow, please com	piete i art ii.j				
1 Gifts, gants, contributions, and membership fees received. (Do not include any 'unusual grants.') 2 Gross receipts from admissions, merchandiss sold or services per formed, only shall admiss that are not an unrelated trate or business under section 513 3 Gross receipts from admissions that are not an unrelated trate or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons and a received on lines 2 and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons and a received on lines 2 and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons in the second of the secon			(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levial for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5 7. A Anounts included on lines 1, 2, and 3. received from disqualified persons 8. benonie housed on lines 2, and 3. received from disqualified persons 9. Public support (appearing to the service) For the value of 15,000 or 15,		Gifts, grants, contributions, and membership fees received. (Do not	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,				
are not an unrelated trade or bus iness under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b memants included on lines 1, 2, and 3 received from disqualified persons b memants included on lines 2 and 3 received revenues are secretable general of 5,000 or 95 of the encount on line 13 for the year. A All lines 7 and 7 b Public support Relatation 7, Israelia 5 Section B. Total Support Calledar year (or fiscal year beginning in) 9 Amounts from line 6 10 Gross income from interest, dividends, payments received on securities loans; entar, royalise, and income from interest, dividends, payments received on securities loans; entar, royalise, and income from similar sources b Unrelated business taxable income (less section 5 to included in line 10b, without one from unrelated business activities not included in line 10b, without one from unrelated business activities not included in line 10b, without one from unrelated business activities not included in line 10b, without one from unrelated business activities not included in line 10b, without one from the sale of capital assets (Explain in Part IV). 13 Total support, vadralines, 10c, 11, and 12) 14 First five yeals in the Form poly is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f) 15	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the		,				
ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$3.000 or 196 of the memour on line 13 for the year c Add lines 7 and 7 b 8 Public support square (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royatiles and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b. 11 Net income from unrelated business acquired after June 30, 1975 c Add lines 10a and 10b. 13 Total support, deal ines, 1oa, 11, and 12). 14 First tieve years, if the Forme 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). 16 9 20 3 3 1/39%, and line 17 is not 19 3 3 1/39%, and line 17 is not 19 3 3 1/39%, and line 17 is not 19 3 3 1/39%, and line 17 is not 19 3 3 1/39%, and line 17 is not 19 3 3 1/39%, and line 17 is not 19 3 3 1/39%, and line 17 is not 19 3 3 1/39%, and line 17 is not 19 3 3 1/39%, and line 17 is not 19 3 3 1/39%, and line 17 is not 19 3 3 1/39%, and line 17 is not 19 3 3 1/39%, and line 17 is not 19 3 3 1/39%, and line 17 is not 19 3 3 1/39%, and line 17 is not 19 3 10 10 10 10 10 10 10 10 10 10 10 10 10	3	are not an unrelated trade or bus-						-
5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5	4	ization's benefit and either paid to						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines and 3 received from other than disqualified persons that exceed the gester of \$5.00 or 15 of the year C Add lines 7a and 7b	5	The value of services or facilities furnished by a governmental unit to						
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of the second that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of the second that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of the second that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of the second that exceed the greater of \$5,000 or 1% of the amount on line 1% of the second that exceed the greater of \$5,000 or 1% of the amount of line 1% of the second that exceed the greater of \$5,000 or 1% of the amount of line 1% of the second that exceed the greater of \$5,000 or 1% of the second that exceed the greater of \$5,000 or 1% of the second that exceed the greater of \$5,000 or 1% of the second that exceed the greater of \$5,000 or 1% of the second that exceed the greater of \$5,000 or 1% of the second that exceed the greater of \$5,000 or 1% of the second that exceed the greater of \$5,000 or 1% of the second that exceed the greater of \$5,000 or 1% of the second that exceed the greater of \$5,000 or 1% of the second that exceed the greater of \$5,000 or 1% of the second that exceed the greater of \$5,000 or 1% of the second that exceed the greater of \$5,000 or 1% of the second that exceed the greater of \$5,000 or 1% of \$	6	Total. Add lines 1 through 5						
to mother than disqualified persons that execeed the greater of \$5,00 or 156 of the amount on line 13 for the year or 15 of the year or 15	7a							
8 Public support (Subtest line 7c from line 5) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 10 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business sativities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support, Adel lines 9, 10a, 11, and 12b. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 9/6 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 1 vestment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 1 vestment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 19 33 1/3% support tests - 2013. 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	b	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		,				
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17 19 3 33 1/3% support tests - 2013. 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	С							
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9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support, Vad lines, 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17 19 3 33 1/3% support tests - 2013. 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		•	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support, (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2013. 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	-	(less section 511 taxes) from businesses						
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14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2013. 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		Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2013. 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	14	The control of the co	the organization's					ation,
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16 Public support percentage from 2012 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2012 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2013. 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							l an l	
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18 Investment income percentage from 2012 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2013. 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					- 10 kuman (6)		47	
19a 33 1/3% support tests - 2013. 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 - 2012. 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								

Also complete this part for any additional information. See instructions).	Part IV	(Form 990 or 990-EZ) 2013 UWF BUSINESS ENTERPRISES, INC, Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	or 17b; and Part III, line 12.
		Also complete this part for any additional information. (See instructions).	
		The complete the part of any additional members are members.	
		26	

SCHEDULE D

(Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www irs gov/form990.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

UWF BUSINESS ENTERPRISES, INC,

Employer identification number 32-0367342

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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		d funds
	are the organization's property, subject to the organization's	The Alberta Communication of the Communication of t	
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		the state of the s
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year.	iod control randin continuation in the term of	
	day of the tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		"""
c			States and the state of the sta
	Number of conservation easements included in (c) acquired a		
-	listed in the National Register		to see the second secon
3	Number of conservation easements modified, transferred, rel		
	year▶	, , ,	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		129
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes th	e organization's accounting for
	conservation easements.		6760
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherand	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under SFAS 11		0 10,50
а	Revenues included in Form 990, Part VIII, line 1	, ,	▶ \$
	Assets included in Form 990, Part X		> \$

		INESS ENTE						0367342	
Pa	art III Organizations Maintaining C	collections of A	rt, Histor	ical Tr	easures, c	or Other	Similar A	ssets(contin	ued)
3	Using the organization's acquisition, accessi-	on, and other record	ds, check ar	ny of the	following tha	t are a sigr	nificant use o	f its collection	items
	(check all that apply):								
а		C			hange progra				
b	Scholarly research	E	e L Oth	er					
С	Preservation for future generations								
4	Provide a description of the organization's co							Part XIII.	
5	During the year, did the organization solicit o		15		3350				
D-	to be sold to raise funds rather than to be ma	CONTRACTOR OF THE PARTY OF THE	and the same of th					Yes	L No
Ра	ert IV Escrow and Custodial Arran		ete if the or	ganizatio	n answered "	Yes" to Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par				10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				
1a	Is the organization an agent, trustee, custodi								П.,
	on Form 990, Part X?							∟ Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	e:					
							_	Amount	
	Beginning balance						1c		
d	Additions during the year						1d		
e	Distributions during the year						1e		
f	• • • • • • • • • • • • • • • • • • • •						1f		
	Did the organization include an amount on Fo							└─ Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete if								
Га	rt V Endowment Funds. Complete if						Three weers h	ook (-) Four	voore book
	B	(a) Current year	(b) Prior	year	(c) Two years	s back (a)	Tillee years u	ack (e) Four	years back
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities							-	
	and programs								
	Administrative expenses								
g			A 100 (A 100 (A 100)		N de la Lace				
2	Provide the estimated percentage of the curre			olumn (a)) held as:				
a	-		_%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
0-	The percentages in lines 2a, 2b, and 2c shoul			- 11-1		ad for the	ovaonization		
за	Are there endowment funds not in the posses	ssion of the organiza	ation that ar	e neid ar	ia administer	ed for the	organization	T,	Van Na
	by:								Yes No
	(i) unrelated organizations								_
4	(ii) related organizations								_
	If "Yes" to 3a(ii), are the related organizations	a 200						3b	
4 Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipme		wment tund	s.					
· ui	Complete if the organization answered		Part IV line	11a Se	e Form 990	Part X line	10		
	Description of property	(a) Cost or of		b) Cost		(c) Accu		(d) Book	value
	bescription of property	basis (investm	225237035,	basis (depred	사진 (100명) (1000 H. 1000 H. 1000 H.	(a) Book	value
1a	Land				3,162.			393	,162.
	Buildings				7,387.	8	5,093.		,294.
	Leasehold improvements				4,808.		4,481.		,327.
	Equipment				1,027.		8,352.		,675.
	Other	(2)			0,277.		0,314.		,963.
_	I. Add lines 1a through 1e. (Column (d) must eq		X, column (E						,421.

Schedule D (Form 990) 2013	UWF BUSINES	S ENTERPRI	SES, INC,	32	-0367342 Page
Part VII Investment					
Complete if the	organization answered "Yes	to Form 990, Part I	/, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or	category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market value
(1) Financial derivatives					
(2) Closely-held equity inter-	ests				
(3) Other					
(A)					
(B)					£1
(C)					
(D)					
(E)					
(F)				- W	
(G)	7				
(H)					
	990, Part X, col. (B) line 12.)				
Part VIII Investments	- III				
	organization answered "Yes"		/, line 11c. See Form 990,	Part X, line 13.	l of wear market value
(a) Description	n of investment	(b) Book value	(c) Method of V	/aluation: Cost or end	l-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)			*		
(6)					
(7)					
(8)					
(9)	000 Part V and (D) line 12 \				
Total. (Col. (b) must equal Form Part IX Other Asset					
	organization answered "Yes"	to Form 990 Part IV	line 11d See Form 990	Part X. line 15.	
Oomplete ii tile		Description	, 1110 114. 000 1 01111 000,	,	(b) Book value
(1)		Control (Control of Assessment)			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	al Form 990, Part X, col. (B) lin	e 15.)			
Part X Other Liabil					
	organization answered "Yes"	to Form 990, Part IV		n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			E0 0E2		
(2) DUE TO UNI	VERSITY OF WEST	FLORIDA	52,973.	500 Mar 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)			F2 072		
Total. (Column (b) must equa	al Form 990, Part X, col. (B) lin	e 25.) ►	52,973.		

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

AS OF THE DATE THE FINANCIAL STATEMENTS WERE AVAILABLE FOR ISSUE, BEI IS

NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE DISCLOSURE OR

ACCRUAL IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

STATEMENTS.

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions. Information about Schedule J (Form 990) and its instructions is at www irs gov/form990 OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

UWF BUSINESS ENTERPRISES, INC,
Part I Questions Regarding Compensation

Employer identification number 32-0367342

	art i Questions Regarding Compensation			
			Yes	No
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		100	
	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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	addition, and officially and obest bloods of regarding and name and an in-			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
Ŭ	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		100	1
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract		100	
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	Point 990 of other organizations — Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	1 1		
4				
_	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		Х
b				X
	Participate in, or receive payment from, an equity-based compensation arrangement?			Х
9	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The fourty of miles has, not the persons and provide the applicable amounts for each norm.			
	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:			
а	The organization?	5a		Х
	Any related organization?			X
-	If "Yes" to line 5a or 5b, describe in Part III.	1		L _P
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ū	contingent on the net earnings of:			
2	ANALOGICA SI A STANISH ANALOGICA SISSA SI SISSA SI	6a		X
	The organization?			Х
D	Any related organization?	. 35		200
7	If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			-
7		7		Х
0	not described in lines 5 and 6? If "Yes," describe in Part III			
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		х
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	-		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	. 9		

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(1) DR. HAL WHITE	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	176,101.	500.	0.	11,582.	0.		0.
(2) DR. JAMES BARNETT	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	146,520.	500.	0.	9,549.	22,500.		0.
	(i)	0.	0.	0.	0.	0.		0.
	ii)	336,844.	39,500.	0.	72,624.			0.
	(i)						200/1000	0.
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							<u> </u>
	(i)							
	ii)							
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	ii)							
	(i)							
	ii)							
the same of the sa	(i)							
	ii)							
	(i)							
	ii)							

Schedule J (Form 990) 2013	UWF	BUSINESS	ENTERPRISES,	INC,		32-0367342	Page 3
Part III Supplemental Informat	ion						
Provide the information, explanation	on, or desci	riptions required fo	or Part I, lines 1a, 1b, 3, 4a	a, 4b, 4c, 5a, 5b, 6a	a, 6b, 7, and 8, and for Part II. Also com	plete this part for any additional inform	ation.
					4		
	n 1100000000000000000000000000000000						
		34					
8							

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

INC. 32-0367342 UWF BUSINESS ENTERPRISES, FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DEVELOP NEW SERVICES AND FACILITIES TO SUPPORT THE CAMPUS COMMUNITY AND ENHANCE CURRENT AUXILIARIES AND BUINESSES TO INCREASE ALTERNATE SOURCES OF REVENUE FOR THE UNIVERSITY. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: EXPLANATION: THIS ORGANIZATION ASSUMED THE MANAGEMENT OF PARKING & TRANSPORTATION SERVICES FOR THE UNIVERSITY EFFECTIVE JULY 1, 2013. FORM 990, PART VI, SECTION A, LINE 4: EXPLANATION: A REVISION OF THE ORGANIZATION'S BYLAWS WAS APPROVED ON NOV 15, 2013.

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

EXPLANATION: THE 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM BASED ON THE INFORMATION SUBMITTED BY MANAGEMENT. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE 990 AT A BOARD MEETING BEFORE IT IS FILED WITH THE IRS **ELECTRONICALLY.**

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

EXPLANATION: EVERY BEI BOARD MEMBER IS REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST FORM EACH FISCAL YEAR. THE CONFLICT OF INTEREST FORMS ARE COLLECTED FROM THE BEI BOARD MEMBERS DURING THE ANNUAL RISK AND FRAUD THE UNIVERSITY OF WEST FLORIDA WORKSHOP HELD WITH THE BOARD OF DIRECTORS. BUSINESS, FINANCE, AND FACILITIES VICE PRESIDENT'S OFFICE MAINTAINS THE

FILES OF ALL BEI BOARD MEMBER CONFLICT OF INTEREST FORMS.

UWF BUSINESS ENTERPRISES, INC,

Employer identification number 32-0367342

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

EXPLANATION: THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE ON ITS

WEBSITE. DOCUMENTS INCLUDE ARTICLES OF INCORPORATION, CONSUMER'S

CERTIFICATE OF EXEMPTION, DIRECT SUPPORT ORGANIZATION REGULATIONS, AUDITED

FINANCIAL STATEMENTS, COPY OF FORM 990 & FORM 990-T, AND THE MASTER

MANAGEMENT AGREEMENT.

FORM 990, PART XII, LINE 2(C)

EXPLANATION: THIS ORGANIZATION HAS A BOARD OF DIRECTORS THAT ASSUMES
THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT. THE PROCEDURE DID NOT
CHANGE DURING THE CURRENT YEAR.

FORM 990, PART I, LINE 5; PART V, LINE 2(A); PART IX, LINES 7, 9 AND 10

EXPLANATION: LEASED EMPLOYEES - ALL SCENIC HILLS COUNTRY CLUB STAFF (26

EMPLOYEES) WERE LEASED BY THE ORGANIZATION THROUGH AN EMPLOYEE LEASING

COMPANY. ALL RELATED 2013 PAYROLL TAX RETURNS ARE FILED TIMELY BY THE

LEASING COMPANY.

FORM 990, PART I, LINES 3 AND 4; PART VI, LINE 1(A) & 1(B)

EXPLANATION: BOARD OF DIRECTORS - DR. JOHN TODOROVICH AND DR. HAL WHITE

ARE EMPLOYED AND COMPENSATED BY THE UNIVERSITY OF WEST FLORIDA,

THEREFORE ARE NOT CONSIDERED INDEPENDENT.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

➤ See separate instructions.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

UWF BUSINESS ENTERPRISES, INC,

Employer identification number 32-0367342

Part I Identification of Disregarded Entities Complete	e if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		Direct o	(f) controlling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations Complete if the organizatio	n answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one	or more	related tax-exer	npt	
(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		(f) et controlling entity	Section 512(b controlled entity?	
UNIVERSITY OF WEST FLORIDA - 59-2976783				501(c)(3))			Yes	No
11000 UNIVERSITY PARKWAY	1							
PENSACOLA, FL 32514	HIGHER EDUCATION	FLORIDA	115 (1)	N/A	NONE			x
UNIVERSITY OF WEST FLORIDA FOUNDATION, INC.	Constitution of the Consti		113 (1)	N/A	NONE			Λ
- 59-6166292, 11000 UNIVERSITY PARKWAY,	1	41						
PENSACOLA, FL 32514	UNIVERSITY FOUNDATION	FLORIDA	501(C)(3)	170(B)(1)(A)	NONE			х
WEST FLOIRDA HISTORIC PRESERVATION, INC				, , , , , , , , , , , ,				- 21
23-7009319, 120 CHURCH STREET, PENSACOLA, FL	1				1			
32501	HISTORIC PRESERVATION	FLORIDA	501(C)(3)	170(B)(1)(A)	NONE			x
	4	g b						

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	nary activity Legal domicile (state or foreign el		Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentag ownershi
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N	
		,									
	-										
	1										
2											
	1										
											1
	1										
						2					
,											
	1										
	1										
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percent owners		Section 512(b) control entit	
								1	Yes	No
				æ						
								+		
								+		

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

	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	- sing the fact of an are organization original of the following transactions with one of	more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
D	Girl, grant, or capital contribution to related organization(s)				1h		X
•	Girt, grant, or capital contribution from related organization(s)				10		X
u	Loans or loan guarantees to or for related organization(s)				14		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
9	Sale of assets to related organization(s)				10		X
h	Furchase of assets from related organization(s)				1h		X
•	Exchange of assets with related organization(s)				111		X
j	Lease of facilities, equipment, or other assets to related organization(s)		***************************************		1j		X
					· -,		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	X	
	,,				. 10	21	
р	Reimbursement paid to related organization(s) for expenses				4		х
q	Reimbursement paid by related organization(s) for expenses				1p		X
					. 19		- 21
r	Other transfer of cash or property to related organization(s)				4		х
s	Other transfer of cash or property from related organization(s)				1r 1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must com	olete t	his line, including covered	relationships and transaction throsholds	. 15		21
	7.5		******		-		
	(a) (b) Name of related organization Transaction	on	(c) Amount involved	(d) Method of determining amount ir	wolved		
	type (a-s)		Mounda of determining arriodite in	ivoived		
(1)	9						
				11			
(2)							
			15				
(3)							
(4)							
							-
(5)	· ·						
(6)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e)	sec. (3)	(f) Share of total income	(g) Share of end-of-year assets	Disp tio alloca	n) ropor- nate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	(k) I or Percentage ing ownership

Schedule F	R (Form 990) 2013	UWF B	USINESS	ENTERPRISES,	INC,	32-0367342 Page 5
Part VII	R (Form 990) 2013 Supplemental Info	ormation				
	Provide additional infor	mation for res	ponses to ques	stions on Schedule R (see	instructions).	
						
				· · · · · · · · · · · · · · · · · · ·		
				:		
			v— v— v— v— v— v— v—			