

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

<u>A</u>	For the	2023 calendar year, or tax year beginning JUL 1, 2023 and 6	ending ເ	<u>JUN 30, 2024</u>						
В	Check if applicable	C Name of organization		D Employer identifi	cation number					
_										
L	Addres change Name	UWF BUSINESS ENTERPRISES, INC.								
L	change	T		32-0367342						
F	return	Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number						
	Final return/ termin-	11000 UNIVERSITY PARKWAY	850-474-							
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,060,989.					
F	return	PENSACOLA, FL 32314		H(a) Is this a group re						
	Applica tion pendin	F Name and address of principal officer: DR • ED RANELLI SAME AS C ABOVE		for subordinates	—					
_	T		D 50-	H(b) Are all subordinates in						
	Websit		or 527	H(c) Group exemption	list. See instructions					
		organization: X Corporation Trust Association Other	I Vest		M State of legal domicile: FL					
		Summary	L 16ai	or formation. ZOII	VI State of legal doffliche, 1 1					
	_	Briefly describe the organization's mission or most significant activities: SEE S	CHEDI	JLE O						
e	' '	Differ describe the organization's mission of most significant activities.	опп	<u> </u>						
Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	e than 25% of its net as	sets					
Ver	3			3	3					
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			2					
დ	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			1					
iţie	6	Total number of volunteers (estimate if necessary)			10					
Activities &	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
Φ	8	Contributions and grants (Part VIII, line 1h)		0.	25.					
nue	9 1	Program service revenue (Part VIII, line 2g)		1,168,333.	1,224,894.					
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		5,856.	268,454.					
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		256,371.	235,094.					
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,430,560.	1,728,467.					
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,015.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		164,891.	172,561.					
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
X	_D	Total fundraising expenses (Part IX, column (D), line 25)	0.	786,011.	849,478.					
_	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		953,917.	1,022,039.					
		Revenue less expenses. Subtract line 18 from line 12		476,643.	706,428.					
	2	nevertue less experises. Subtract line 10 from line 12	В.	eginning of Current Year	End of Year					
Net Assets or	20	Fotal assets (Part X, line 16)		6,445,229.	6,851,430.					
ASS	21	Total liabilities (Part X, line 26)		9,773,467.	9,472,455.					
Net	22	Net assets or fund balances. Subtract line 21 from line 20		-3,328,238.	-2,621,025.					
P	art II	Signature Block								
Und	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	/ knowledge and belief, it is					
true	, correct	a, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich prepare	r has any knowledge.						
Sig		Signature of officer		Date						
He	re	DR. ED RANELLI, CEO								
		Type or print name and title		Data I -	DTIN DTIN					
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Pai	1	KEVIN WARREN KEVIN WARREN		10/30/24 self-employ	P00642409					
	parer	Firm's name JAMES MOORE & CO., P.L.		Firm's EIN 5	9-3204548					
Use	Only	Firm's address 2477 TIM GAMBLE PLACE, SUITE 200		or	0 206 6104					
		TALLAHASSEE, FL 32308-4386		Phone no. 8 5	0-386-6184 X Yes No					
ivia	уппетн	S discuss this return with the preparer shown above? See instructions			X Yes No					

1 0	Check if Schodula O contains a reapones or note to any line in this Bort III	X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O	A
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	l by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot revenue, if any, for each program service reported.	al expenses, and
4a	(Code:) (Expenses \$ 823,212. including grants of \$ 0. (Revenue \$	1,459,988.
	FOOD SERVICE CONTRACT - OFFERS A RANGE OF INNOVATIVE, NUTRITI	
	OPTIONS FOR THE CAMPUS COMMUNITY, COMBINING THE VALUE AND RES	OURCES OF
	A GLOBAL FOOD SERVICES NETWORK WITH THE ON-SITE EXPERTISE OF	LOCAL
	MANAGERS.	
	BOOKSTORE CONTRACT - COURSE MATERIALS AND DISTRIBUTION MODEL	
	EMBRACES TECHNOLOGY, AFFORDABILITY, AND EQUITY ALLOWING FOR	
	RETENTION, RECRUITMENT, STUDENT WELL-BEING AND ACCESSIBILITY.	
	THE PLAYING FIELD FOR ALL STUDENTS BY PROVIDING ALL REQUIRED MATERIALS TO STUDENTS FOR ONE EQUAL PRICE TO ALL STUDENTS ON	
	BASIS BILLED TO THEIR STUDENT ACCOUNT. INSTRUCTORS HAVE COMPI	
	ACADEMIC FREEDOM TO SELECT WHATEVER MATERIALS ARE BEST FOR ST	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 823, 212.	

Form 990 (2023) UWF BUSINESS ENTERPRISES, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ 3 7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	Schedule D, Parts XI and XII	12a	Х	
h		IZa	- 21	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	105		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the appropriation projection of the control of the United Otelson	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
		_		-

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Form 990 (2023) UWF BUSINESS ENTERPRISES, INC.

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
•	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash 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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
<u></u>	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	"		
٠.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't 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			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on 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	
			000	(2022)

023) UWF BUSINESS ENTERPRISES, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
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 on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	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							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h						
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
_	sponsoring organization have excess business holdings at any time during the year?							
	9 Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b						
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90						
а	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 10b	1						
11	Section 501(c)(12) organizations. Enter:	1						
	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1						
-	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						
	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							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_				
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

Form **990** (2023) 332005 12-21-23

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
·	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 21
7a			Х	
	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			Х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on 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	<u>X</u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedFL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SUZANNA E. DAUGHTRY - 850-474-2536			
	11000 UNIVERSITY PARKWAY, PENSACOLA, FL 32514			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	organization compensated (C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pei	rson i	s both or/trus	n an	compensation	compensation	amount of
	week	_	Cer ar	la a a	recio	rrus	tee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		oyee	n bei		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PERGY POWERS	line)	Pul	lus	#0	Key	e Hig	For			
(1) BETSY BOWERS SECRETARY-TREASURER	39.90	х		х				0.	280,517.	33,456.
(2) DR. CHULA KING	0.00	^		^				0.	200,317.	33,430.
FORMER OFFICER	40.00	1					Х	0.	208,653.	40,279.
(3) DR. FRANK RANELLI	40.00							U•	200,033.	40,275
CEO	0.00	1		Х				127,981.	0.	31,969.
(4) C. RAY JONES	0.10	<u> </u>		<u> </u>					•	02,000
CHAIRMAN	0.00	Х		x				0.	0.	0.
(5) RICHARD R. BAKER	0.10									
VICE CHAIR AS OF FEBRUARY 2024	0.00	Х		Х				0.	0.	0.
(6) ROBERT SIRES	0.10									
VICE CHAIR UNTIL FEBRUARY 2024	0.00	Х		Х				0.	0.	0.
		1								
		1								
		4								
		1								
		Ī								
		4								
		<u> </u>			_					
		4								

Part VII Section A. Officers, Directors, Trus	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A)	(B)			(((D)	(E)	(F)
Name and title	Average	Position (do not check more than one				nne	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensatio	
	week (list any			u u u		174140	.00)	from the	from related organization	
	hours for	direct				p		organization	(W-2/1099-MIS	
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altrus	nal tr		loyee	com p		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
		드	드	JO.	- S	E H	요			
								107 001	400 15	70 105 704
1b Subtotal								127,981.	489,17	70. 105,704 0. 0
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								127,981.	489,17	
Total number of individuals (including but not not not not not not not not not no								•		
compensation from the organization						,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
*										Yes No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated emp	loyee on	
line 1a? If "Yes," complete Schedule J for se	uch individual									3 Х
4 For any individual listed on line 1a, is the su			•					· ·	J	
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a	•				•			· ·		5 X
rendered to the organization? <i>If</i> "Yes." com Section B. Independent Contractors	plete Schedule	9 <i>J f</i>	or su	ich r	oers	on .				5 X
Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of comr	pensation from
the organization. Report compensation for t	•	•								
(A)	•							(B)		(C)
Name and business								Description of s	ervices	Compensation
UNIVERSITY OF WEST FLORID	-				_		- 1	FOOD SERVICE		
UNIVERSITY PARKWAY, PENSA	COLA, F	L_	32	51	4		_	BOOKSTORE MAI	NAGEMENT	648,635
_							\dashv			
							\dashv			
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	l to 1	thos	e lis	ted	above) who received mo	ore than	

Form 990 (2023) UWF BUS
Part VIII Statement of Revenue

		Check if Schedule O contains a r	esponse d	or note to any lin	e in this Part VIII			
				,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1 9	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		-	1b					
ية ق			1c					
ffs,			1d					
ية إق			1e					
ons,		j (, , ,	ie					
utic	T	All other contributions, gifts, grants, and		25.				
ë			1f	۷۶.				
o d	_	•	1g \$		25.			
Oa	<u> </u>	Total. Add lines 1a-1f		Business Code	23.			
	_	CEDUTCE C MANACEMEN	TITI 7	561499	E20 071	E20 071		
ice		SERVICE & MANAGEMEN		722514	528,071.	528,071.		
er Je		FOOD SERVICE COMMIS			426,270.	426,270.		
n S		BOOKSTORE COMMISSIO	<u> </u>	459210	270,553.	270,553.		
Jrar 3e∖	C							
Program Service Revenue	е							
		All other program service revenue			1 004 004			
		Total. Add lines 2a-2f			1,224,894.			
	3	Investment income (including dividen			27 202			27 202
					37,293.			37,293.
	4	Income from investment of tax-exemp	=					
	5	Royalties						
			Real	(ii) Personal				
	6 a	Gross rents 6a 336						
		Less: rental expenses 6b 102						
		Rental income or (loss) 6c 234	,742.		224 742	004 540		
		Net rental income or (loss)			234,742.	234,742.		
	7 a	Gross amount from sales of (i) Se	curities	(ii) Other				
		assets other than inventory 7a		461,500.				
	b	Less: cost or other basis						
ne		and sales expenses		230,339.				
her Revenue	c	Gain or (loss) 7c		231,161.				
Be	c	l Net gain or (loss)			231,161.			231,161.
her	8 a	Gross income from fundraising events (no	ot					
٥		including \$	of					
		contributions reported on line 1c). Se						
		Part IV, line 18						
	b	Less: direct expenses	8b					
	C	Net income or (loss) from fundraising	events					
	9 a	Gross income from gaming activities.						
		Part IV, line 19						
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming acti	ivities					
	10 a	Gross sales of inventory, less returns						
		and allowances						
	b	Less: cost of goods sold	10b					
	C	Net income or (loss) from sales of inve	entory					
_ω				Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS REVEN	IUE_	900099	352.	352.		
ane	b							
Sell	c	:						
Mis	c	All other revenue						
	e	Total. Add lines 11a-11d			352.			
	12	Total revenue. See instructions			1,728,467.	1,459,988.	0.	268,454.

Form 990 (2023) UWF BUSINESS ENTERPRISES, INC. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	172,561.		172,561.	
6	trustees, and key employees Compensation not included above to disqualified	172,501.		1/2,501•	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	19,917.		19,917.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	696,828.	696,828.		
12	Advertising and promotion	2 400		2 400	
13	Office expenses	3,480. 1,436.		3,480.	
14	Information technology	1,430.		1,430.	
15	Royalties				
16 17	Occupancy				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,272.		1,272.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	126,384.	126,384.		
23	Insurance	161.		161.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,022,039.	823,212.	198,827.	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)				
	110110WITIG 50P 98-2 (ASC 958-720)				Earm 990 (2022

Par	τχ	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	212,267.	1	195,660
	2	Savings and temporary cash investments	685,856.	2	1,081,787
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	43,472.	4	130,094
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ပ္ပ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges	27,213.	9	23,853
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 4,321,637	<u>.</u>		
	b	Less: accumulated depreciation 10b 1,077,023	3,498,962.	10c	3,244,614
	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	1,977,459.	15	2,175,422
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	6,851,430
	17	Accounts payable and accrued expenses		17	8,068
	18	Grants payable		18	
	19	Deferred revenue	9,701,398.	19	9,323,969
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
န္မ	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	62.006		1 4 0 4 1 0
		of Schedule D	63,226.		140,418
-	26	Total liabilities. Add lines 17 through 25	9,773,467.	26	9,472,455
ا ي		Organizations that follow FASB ASC 958, check here			
<u>ဗို</u>		and complete lines 27, 28, 32, and 33.			
<u> </u>	27	Net assets without donor restrictions		27	
<u> </u>	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
느		and complete lines 29 through 33.	0		0
[E	29	Capital stock or trust principal, or current funds		29	0
Sse	30	Paid-in or capital surplus, or land, building, or equipment fund	2 222 222	30	0 621 025
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	-2,621,025
₽	32	Total net assets or fund balances	-3,328,238.		-2,621,025
	33	Total liabilities and net assets/fund balances	6,445,229.	33	6,851,430

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2		,72 ,02		
3	Revenue less expenses. Subtract line 2 from line 1	3		70	6,4	28.
4						
5	Net unrealized gains (losses) on investments	5			7	85.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-2	,62	1,0	25.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			
					Yes	No
1	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 on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	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					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	.			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	200	
				Form	990	(2023)

SCHEDULE A

(Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			NTERPRISES, 1					2-0367342	
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.		
The organ	nization is not a private found								
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1)(A)(i).			
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)					
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).			
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
	city, and state:								
5	An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental un	it describe	ed in	
	section 170(b)(1)(A)(iv). (0	Complete Part II.)							
6 X	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	An organization that norma	ılly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general į	oublic described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9 🗌	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college								
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	or	
	university:								
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from	
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment	
	income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.	
	See section 509(a)(2). (Co	mplete Part III.)							
11 🖳	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).			
12	An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or	
	more publicly supported or	-						Check the box on	
	lines 12a through 12d that	• •					-		
a		· · · · · · · · · · · · · · · · · · ·		•	-				
	the supported organization			majority o	of the direc	ctors or trustee	s of the su	upporting	
	organization. You must o	-							
b		•				-		-	
	control or management o			ame perso	ns that co	ntrol or manag	e the supp	ported	
	organization(s). You mus								
с _							y integrate	ed Witn,	
	its supported organization		·					- 4: (-)	
d L	☐ Type III non-functionally						-		
	that is not functionally int	-		-		-	an attentiv	/eriess	
۰ ـ	requirement (see instruct	·					Type III		
e	Check this box if the orga functionally integrated, or					Type I, Type II	, Type III		
f Ent	er the number of supported of	• •	nally integrated supporting	ig organiz	ation.				
	vide the following information	•	ed organization(s).						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)	
			above (see monderatione))						
Total						I			

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		T	_	_		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	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						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and sto						
	ction C. Computation of Publi					 	
	Public support percentage for 2023 (column (f))		14	<u>%</u>
	Public support percentage from 2022					15	. %
16a	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies		-				
Ľ	33 1/3% support test - 2022. If the	-					
47.	and stop here. The organization qual	•			- 40 40 40-		
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-	•	vi now the organiz	zation
1.	meets the facts-and-circumstances to	-				170 and line 15 :-	L
r	10% -facts-and-circumstances test	ū				•	10% Or
	more, and if the organization meets the				-		
18	organization meets the facts-and-circle Private foundation. If the organization		-				
10	1 Tivate loundation. If the organization	AT GIG HOL CHECK A	DON OF HIE TO, TO	a, 100, 17a, 01 171	o, oricon triis bux a		(Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12) = = =	(2) = = 1	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-, : -	(-,	(-)	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		1	1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —
<u> </u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					- 4.5	
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
4b		
40		
40		
4c		
5a		
Ja		
5b		
5c		
6		
,		
7		
8		
9a		
9b		
9с		
30		
10a		
134		
105		
10b		

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sect	tion C. Type II Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
		1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
•	7			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continued working relationship with the capported organization(c).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization supported a governmental entity. Provided in Part VI.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction Task Assume Vivo Task Assume Viv		- 1	NI -
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	and those definition of the definition of the definition	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	and the state of t	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Sche	dule A (Form 990) 2023 UWF BUSINESS ENTERPRIS	ES, INC	! . :	32-03673 4 2 Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi		· ·
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B. line 8. column A)	2		

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2023

e Excess from 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

UWF BUSINESS ENTERPRISES, INC.

Employer identification number 32-0367342

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on 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 FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

332051 09-28-23

Schedule D (Form 990) 2023

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

	t III Organizations Maintaining C	olloctions of Ar				r Othor			0/3=		age 🗲
									• (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	ollowing that	: make sig	gnificant ı	use of its			
	collection items (check all that apply).										
а	Public exhibition	C			nange progra						
b	Scholarly research	e	• C	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit o							_	_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		te if the o	rganization	answered "	Yes" on F	orm 990,	Part IV, I	ne 9, or		
	Is the organization an agent, trustee, custodi	an, or other intermed	diarv for c	ontribution	s or other as	sets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
e	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.]]
	t V Endowment Funds Complete if										
		(a) Current year		ior year	(c) Two year			ears back	(e) Four	years	back
1a	Beginning of year balance	•		-						-	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
ŭ	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1a	column (a)) held as:						
– a	Board designated or quasi-endowment	•	%	001a11111 (a)	, mora ao.						
b	Permanent endowment	%	— /°								
c											
Ū	The percentages on lines 2a, 2b, and 2c sho	* -									
За	Are there endowment funds not in the posse	•	ation that	are held an	d administer	ed for the	9				
-	organization by:	56,51, 6, 11,6 6, gu <u>.</u> .		a. o o			_		ĺ	Yes	No
	(i) Unrelated organizations?								3a(i)		
	(m) = 1 · · · · · · · ·								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	Complete if the organization answered	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Boo	k valu	<u> </u>
	_ cccpc or proporty	basis (investr		basis (reciation		(=, 500		-
1a	Land		•								
b	Buildings			3,75	2,664.	8	344,3	50.	2,90	8,3	14.
	Leasehold improvements				7,426.		11,2			6,2	
d	Equipment				1,547.		21,4				96.
	Other				,		, _				

Schedule D (Form 990) 2023

3,244,614.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII Investments - Other Securities Complete if the organization answered "Yes" o	n Form 990, Part IV, line		1 0 3 0 7 3 ± 2 Page
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o (a) Description of investment			d of year market value
	(b) Book value	(c) Method of valuation: Cost or en	d-or-year market value
(1)			
(2)		+	
(3)		+	
(4)		+	
(5)			
(6)		+	
(7)		+	
(8)		+	
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
<u>``</u>	escription		(b) Book value
(1) LEASE RECEIVABLE			2,175,422
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		2,175,422
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11e or 11f See Form 990 Part V line 25	5
(a) Description of liability	111 01111 990, 1 art 10, iiile	The of Thi. Gee Form 990, Fart X, line 20	(b) Book value
(1) Federal income taxes			(b) Book value
(2) DUE TO UNIVERSITY OF WEST	FLORIDA		140,418
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. col.	(R))		140,418

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

Schedule D (Form 990) 2023

121,048.

3

4c

Sche	dule D	(Form 990) 2023	UWF	BUSINESS	ENTERPRIS	SES,	INC.		32-	0367342	Page
Pai	t XI	Reconciliation of	of Reve	nue per Audit	ed Financial St	tateme	ents With	Revenue per Re	turn		
		Complete if the orga	nization a	nswered "Yes" or	r Form 990, Part IV,	, line 12a	۱.				
1	Total	revenue, gains, and ot	her suppo	ort per audited fin	ancial statements				1	1,850,	, 300
2	Amou	ınts included on line 1	but not o	n Form 990, Part	VIII, line 12:						
а	Net u	nrealized gains (losses	s) on inves	tments			. 2a	785.			
b	Donat	ted services and use o	f facilities				. 2b	6,140.			
С		veries of prior year gra									
d		(Describe in Part XIII.)					1 1				
е	Add li	ines 2a through 2d							2e		925
3	Subtra	act line 2e from line 1							3	1,843,	, 375
4		ınts included on Form									
а	Invest	tment expenses not in	cluded on	Form 990, Part V	/III, line 7b		4a				
b	Other	(Describe in Part XIII.)					. 4b	-114,908.			
С	Add li	ines 4a and 4b							4c	-114,	
5	Total	revenue. Add lines 3 a	and 4c. (T	his must equal Fo	rm 990, Part I, line	12.)			5	1,728,	,467
Pa	rt XII	│ Reconciliation o	of Expe	nses per Audi	ited Financial S	Statem	ents Wit	h Expenses per F	Retur	n	
		Complete if the orga	nization a	nswered "Yes" or	n Form 990, Part IV,	, line 12a	۱.				
1	Total	expenses and losses	oer audite	d financial statem	ents				1	1,143,	<u>,087</u>
2	Amou	ınts included on line 1	but not o	n Form 990, Part	IX, line 25:						
а	Donat	ted services and use o	f facilities				. 2a	6,140.			
b	Prior y	year adjustments					. 2b				
С	Other	losses					. 2c				
d	Other	(Describe in Part XIII.)					. 2d	114,908.			

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | Part XIII | Supplemental Information

Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Add lines 2a through 2d

b Other (Describe in Part XIII.) c Add lines 4a and 4b

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

4a

PART X, LINE 2:

PURSUANT TO A DETERMINATION LETTER RECEIVED FROM THE INTERNAL REVENUE SERVICE, THE BEI IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND AS SUCH, IS LIABLE FOR TAX ONLY ON BUSINESS INCOME UNRELATED TO THE PURPOSE FOR WHICH IT IS XEMPT. NO PROVISION FOR INCOME TAX EXPENSE OR LIABILITY HAS BEEN MADE. THERE ARE CURRENTLY NO ITERNAL REVENUE SERVICE AUDITS IN PROGRESS FOR ANY TAX PERIOD. WITH FEW EXCEPTIONS, THE BEI IS NO LONGER SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS FOR YEARS ENDED JUNE 30, 2021 AND PRIOR.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES

-102,183.

Schedule D (Form 990) 2023 UWF BUSINESS ENTERPRISES, INC. Part XIII Supplemental Information (continued)	32-0367342 Page 5
LOSS ON DISPOSAL OF FIXED ASSETS	-12,725.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-114,908.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	102,183.
LOSS ON DISPOSAL OF FIXED ASSETS	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	111/3000
	_
	_

SCHEDULE J (Form 990)

Department of the Treasury

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

UWF BUSINESS ENTERPRISES, INC.

Employer identification number 32-0367342

Pa	irt I Questions Regarding Compensation	0,54		
	Saccasting compensation		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		.03	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Placetainary applicating account.			
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 on line 1a?	2		
	tradiced, and emocre, moraling the electric photos, regularing the terms emocred emine rati			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	41		Х
	Participate in or receive payment from an equity-based compensation arrangement?			х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BETSY BOWERS	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY-TREASURER	(ii)	278,567.	0.	1,950.	23,653.	9,803.	313,973.	0.
(2) DR. CHULA KING	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	208,653.	0.	0.	20,423.	19,856.		0.
(3) DR. FRANK RANELLI	(i)	127,981.	0.	0.	12,113.	19,856.		0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							1 1/5 200) 2000

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UWF BUSINESS ENTERPRISES, INC.

Employer identification number 32-0367342

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UWF BUSINESS ENTERPRISES, INC. (BEI) IS A DIRECT SUPPORT ORGANIZATION
THAT BUILDS AND MANAGES PUBLIC-PRIVATE PARTNERSHIPS IN ORDER TO CREATE
NEW SERVICES AND BUSINESSES TO SUPPORT THE CAMPUS COMMUNITY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UWF BUSINESS ENTERPRISES, INC. (BEI) IS A DIRECT SUPPORT ORGANIZATION
THAT BUILDS AND MANAGES PUBLIC-PRIVATE PARTNERSHIPS IN ORDER TO CREATE
NEW SERVICES AND BUSINESSES TO SUPPORT THE CAMPUS COMMUNITY.
THE UNIVERSITY OF WEST FLORIDA'S (UWF) MISSION IS TO PROVIDE STUDENTS
WITH ACCESS TO HIGH-QUALITY, RELEVANT AND AFFORDABLE UNDERGRADUATE AND
GRADUATE LEARNING EXPERIENCES, AND TO TRANSMIT, APPLY AND DISCOVER
KNOWLEDGE THROUGH TEACHING, SCHOLARSHIP, RESEARCH AND PUBLIC SERVICE.
BEI ASSISTS IN ACHIEVING THAT MISSION BY ENGAGING COMMUNITY
PARTNERSHIPS THAT RESPOND TO MUTUAL CONCERNS AND OPPORTUNITIES AND THAT
ADVANCE THE ECONOMY AND QUALITY OF LIFE IN THE REGION.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
LEARNING IN THEIR COURSE.
THE UNIVERSITY SERVES A STUDENT POPULATION OF ABOUT 14,343.
FORM 990, PART VI, SECTION A, LINE 7A:
THE BOARD OF DIRECTORS SHALL BE APPOINTED IN THE FOLLOWING MANNER:
A ONE DIDECTOR CURIT DE ADDOINTED DY MUE CURID OF MUE DOADD OF MUICTERS.

332211 11-14-23

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization UWF BUSINESS ENTERPRISES, INC.

Employer identification number 32-0367342

B. ONE DIRECTOR SHALL BE THE PRESIDENT OF THE UNIVERSITY OR THE PRESIDENT'S DESIGNEE;

- C. ONE DIRECTOR SHALL BE APPOINTED BY THE PRESIDENT OF THE UNIVERSITY (IN ADDITION TO B. ABOVE);
- D. TWO ADDITIONAL DIRECTORS MAY BE ELECTED BY A MAJORITY VOTE OF THE THEN CURRENT VOTING MEMBERS OF THE BOARD OF DIRECTORS.

ALL DIRECTORS SHALL BE APPROVED BY THE UWF BOARD OF TRUSTEES; HOWEVER, THE

PRESIDENT OF THE UNIVERSITY OR THE PRESIDENT'S DESIGNEE AND THE

APPOINTMENTS MADE BY THE CHAIR OF THE BOARD OF TRUSTEES DO NOT REQUIRE

APPROVAL OF THE BOARD OF TRUSTEES.

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

THE 990 IS PREPARED BY AN OUTSIDE INDEPENDENT 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 V, LINES 2A AND 2B

THE NUMBER OF EMPLOYEES REPORTED ON PART V, LINE 2A REPRESENTS THE

NUMBER OF EMPLOYEES OF THE FILING ORGANIZATION DURING TAX YEAR 2023.

DUE TO THE USE OF THE SUPPORTED ORGANIZATION, UNIVERSITY OF WEST

FLORIDA (UWF) AS A COMMON PAYMASTER, THE EMPLOYEES WERE REPORTED ON

UWF'S FORM W-3. SIMILARLY THE SALARY EXPENSES WERE ALL REPORTED ON

UWF'S FORM 941, EMPLOYER'S QUARTERLY FEDERAL TAX RETURN.

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

NO MEMBER OF THE BOARD OF DIRECTORS, OR ANY OF ITS COMMITTEES, SHALL DERIVE

Schedule O (Form 990) 2023 Page 2

Name of the organization UWF BUSINESS ENTERPRISES, INC. **Employer identification number** 32-0367342

ANY PERSONAL PROFIT OR GAIN, DIRECTLY OR INDIRECTLY, BY REASON OF HIS OR HER PARTICIPATION WITH UWF BUSINESS ENTERPRISE, INC. A FLORIDA NON-PROFIT CORPORATION.

EACH INDIVIDUAL SHALL DISCLOSE TO THE ORGANIZATION ANY PERSONAL INTEREST WHICH HE OR SHE MAY HAVE IN ANY MATTER PENDING BEFORE THE ORGANIZATION AND SHALL REFRAIN FROM PARTICIPATION IN ANY DECISION ON SUCH MATTER. 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 UPDATE DURING A REGULARLY SCHEDULED BOARD OF DIRECTOR MEETING. BOARD MEMBERS OR OFFICERS WHO HAVE DECLARED OR HAVE BEEN FOUND TO HAVE A CONFLICT OF INTEREST SHALL REFRAIN FROM CONSIDERATION OF PROPOSED TRANSACTIONS, UNLESS FOR SPECIAL REASONS THE BOARD OR ADMINISTRATION

VOTE OR PARTICIPATE IN DISCUSSION CONCERNING THE APPLICABLE MATTER. THE UNIVERSITY OF WEST FLORIDA DIVISION OF FINANCE AND ADMINISTRATION VICE PRESIDENT'S OFFICE MAINTAINS THE FILES OF ALL BEI BOARD MEMBER CONFLICT OF INTEREST FORMS.

REQUESTS INFORMATION OR INTERPRETATION. PERSONS WITH CONFLICTS SHALL NOT

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

COMPENSATION FOR UWF BUSINESS ENTERPRISES' CEO IS DETERMINED BY THE UNIVERSITY OF WEST FLORIDA. UWF ESTABLISHED THE CEO'S COMPENSATION BY UTILIZING WRITTEN EMPLOYMENT CONTRACTS AND IS ANNUALLY APPROVED BY THE BOARD OF TRUSTEES.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE ON ITS WEBSITE OR UPON REQUEST. DOCUMENTS INCLUDE ARTICLES OF INCORPORATION, CONSUMER'S

Schedule O (Form 990) 2023 Page 2

Schedule O (Form 990) 2023 Name of the organization UWF BUSINESS ENTERPRISES, INC.	Employer identification number 32-0367342
CERTIFICATE OF EXEMPTION, DIRECT SUPPORT ORGANIZATION REGU	
FINANCIAL STATEMENTS, AND THE MASTERS MANAGEMENT AGREEMENT	•
FORM 990, PART IX, LINE 11G, OTHER FEES:	
BOOKSTORE MANAGEMENT:	
PROGRAM SERVICE EXPENSES	270,553.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	270,553.
FOOD SERVICE MANAGEMENT:	
PROGRAM SERVICE EXPENSES	426,275.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	426,275.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	696,828.

SCHEDULE R (Form 990)

Name of the organization

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.

Department of the Treasury Internal Revenue Service

UWF BUSINESS ENTERPRISES, INC.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

32-0367342

(a)	(b)	(c)	(d)	(e))		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea	r assets	Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiorganizations during the tax year.	zations. Complete if the organizati	on answered "Yes" on Form 990	O, Part IV, line 34,	Decause it had one	or more	related tax-exe	mpt	
(a)	(b)	(c)	(d)	(e)		(f)	Section 5	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	1	ct controlling entity	conti	512(b)(13) rolled tity?
				501(c)(3))			Yes	No
NIVERSITY OF WEST FLORIDA - 59-2976783								
1000 UNIVERSITY PKWY								
ENSACOLA, FL 32514	HIGHER EDUCATION	FLORIDA	115 (1)	N/A	NONE			X
NIVERSITY OF WEST FLORIDA FOUNDATION, INC.								
59-6166292, 11000 UNIVERSITY PKWY,				170				
PENSACOLA, FL 32514	UNIVERSITY FOUNDATION	FLORIDA	501(C)(3)	(B)(1)(A)	NONE			X
ENSACOLA, FL 32314								
VEST FLORIDA HISTORIC TRUST, INC								
	<u></u>			170				

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

		0 11 77 11	") / " F 000 B 1" / " 0	4.1 9.1 1
	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 3	4, because it had one or more related
ı artın	organizations treated as a partnership during the tax year.			

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) rolled tity?
		Couriery)						Yes	No
								Ь	<u> </u>
								↓	<u> </u>

Page 3

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	·			1a		X	
					1b		X	
С	Gift, grant, or capital contribution from related organization(s)				1c		X	
	Loans or loan guarantees to or for related organization(s)				1d		Х	
	Loans or loan guarantees by related organization(s)				1e	Х		
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1g		X	
	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s)							
-								
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х		
	Performance of services or membership or fundraising solicitations for related organ				11		X	
	Performance of services or membership or fundraising solicitations by related organ				1m	Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization	()			1n	Х		
					10	Х		
_	on and on para on project many claims of games and (c)							
n	Reimbursement paid to related organization(s) for expenses				1p	х		
	Reimbursement paid by related organization(s) for expenses				1q		X	
ч	The initial content paid by related enganization (c) for expenses							
r	Other transfer of cash or property to related organization(s)				1r		Х	
	Other transfer of cash or property from related organization(s)				 1s		X	
	If the answer to any of the above is "Yes," see the instructions for information on wh				13			
				•				
	(a)	l (b) l	(c)	(d)				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY OF WEST FLORIDA	E	140,418.	CASH VALUE
(2) UNIVERSITY OF WEST FLORIDA	М	696,828.	CASH VALUE
(3) UNIVERSITY OF WEST FLORIDA	P	172,561.	CASH VALUE
(4) UNIVERSITY OF WEST FLORIDA	0	230,103.	CASH VALUE
<u>(5)</u>			
<u>(6)</u>			

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) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

UNIVERSITY OF WEST FLORIDA

EIN: 59-2976783

11000 UNIVERSITY PKWY

PENSACOLA, FL 32514

PRIMARY ACTIVITY: HIGHER EDUCATION

DIRECT CONTROLLING ENTITY: NONE

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

UNIVERSITY OF WEST FLORIDA FOUNDATION, INC.

EIN: 59-6166292

11000 UNIVERSITY PKWY

PENSACOLA, FL 32514

PRIMARY ACTIVITY: UNIVERSITY FOUNDATION

DIRECT CONTROLLING ENTITY: NONE

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

WEST FLORIDA HISTORIC TRUST, INC.

EIN: 23-7009319

120 CHURCH STREET

PENSACOLA, FL 32502

PRIMARY ACTIVITY: HISTORIC PRESERVATION

DIRECT CONTROLLING ENTITY: NONE