

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No. 1545-0047

2010Open to Public
Inspection

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

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNIVERSITY OF WEST FLORIDA FOUNDATION INC		D Employer identification number 59-6166292
	Doing Business As		E Telephone number 850-474-3118
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 31,238,697.
	11000 UNIVERSITY PKWY BLDG 12		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 PENSACOLA, FL 32514-5732		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: SHERI POPE SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.UWF.EDU/FOUNDATION			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1965 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	27
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-5,278.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-5,278.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,939,498.	Current Year 2,916,218.
	9 Program service revenue (Part VIII, line 2g)	7,835,364.	9,143,076.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,121,285.	2,847,591.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,460.	27,400.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,920,607.	14,934,285.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	920,001.	956,273.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,536,569.	2,601,805.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	12,997.	44,471.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 186,669.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,076,234.	12,099,459.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,545,801.	15,702,008.
	19 Revenue less expenses. Subtract line 18 from line 12	1,374,806.	-767,723.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 117,644,314.	End of Year 136,083,409.
	21 Total liabilities (Part X, line 26)	47,415,003.	61,238,526.
	22 Net assets or fund balances. Subtract line 21 from line 20	70,229,311.	74,844,883.

Part II Signature Block

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

Sign Here	Signature of officer <i>Sheri Pope</i>	Date 3-15-12			
	SHERI POPE, DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MOLLY MURPHY, CPA	Preparer's signature MOLLY MURPHY, CPA	Date 03/14/12	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ SALTMARSH, CLEVELAND & GUND	Firm's EIN ▶	Phone no. 850-435-8300		
	Firm's address ▶ 900 NORTH 12TH AVENUE PENSACOLA, FL 32501				

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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FOUNDATION INC

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Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:
SOLICITING, RECEIVING, AND ADMINISTERING GIFTS AND BEQUESTS OF
PROPERTY AND FUNDS FOR SCIENTIFIC, EDUCATIONAL, AND CHARITABLE
PURPOSES ALL FOR THE ADVANCEMENT OF THE UNIVERSITY OF WEST FLORIDA
(UWF). TO PROMOTE AND SUPPORT EDUCATION AND EDUCATION FACILITIES,
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code:) (Expenses \$ 8,734,347. including grants of \$) (Revenue \$ 9,307,554.)
STUDENT HOUSING PROGRAM - THE UWF DEPARTMENT OF HOUSING AND RESIDENCE
LIFE PROVIDES HOUSING FOR APPROXIMATELY 15.5%, I.E., OVER 1,865
STUDENTS AND 58 STUDENT STAFF, OF THE UNIVERSITY'S STUDENT BODY.
OCCUPANCY OF DORMS IS CONSISTENTLY MAINTAINED AT 100%. IN ADDITION TO
RESIDENTIAL SERVICES, HOUSING OFFERS OVER 2,000 EDUCATIONAL AND SOCIAL
PROGRAMS DESIGNED TO ENHANCE THE STUDENTS' LEARNING ENVIRONMENT AS WELL
AS ENRICH THE STUDENTS' COLLEGE EXPERIENCE.
- 4b (Code:) (Expenses \$ 783,241. including grants of \$ 783,241.) (Revenue \$)
STUDENT SCHOLARSHIP PROGRAM: THE UWF FOUNDATION AWARDED MORE THAN
\$1,142,593 IN SCHOLARSHIPS TO 962 UWF STUDENTS. THESE SCHOLARSHIPS
HELPED TO ENSURE THOSE STUDENTS GAINED A HIGHER EDUCATION. ONE OF THE
NEWER SCHOLARSHIPS PROMOTED DURING THE YEAR WAS THE FIRST GENERATION
SCHOLARSHIP. THIS SCHOLARSHIP ENABLES STUDENTS, WHO ARE FIRST
GENERATION IN THEIR FAMILY TO ATTEND COLLEGE, TO BE ABLE TO AFFORD
COLLEGE TUITION. THE FOUNDATION RAISED AND AWARDED \$212,000 OF FIRST
GENERATION SCHOLARSHIPS DURING THE YEAR.
- 4c (Code:) (Expenses \$ 510,563. including grants of \$) (Revenue \$)
EMINENT SCHOLARS AND PROFESSORSHIPS: THE UWF FOUNDATION HAD 2 EMINENT
SCHOLARS AND 3 DISTINGUISHED PROFESSORS DURING THE FISCAL YEAR. THESE
PROFESSORSHIPS HELPED TO ADVANCE THE EDUCATIONAL MISSION OF THE
UNIVERSITY BY HAVING DISTINGUISHED AND SPECIALIZED PROFESSORS TEACH
STUDENTS.
- 4d Other program services. (Describe in Schedule O.)
(Expenses \$ 1,852,745. including grants of \$ 173,032.) (Revenue \$ 60,704.)
- 4e Total program service expenses 11,880,896.

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FOUNDATION INC**

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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Part IV Checklist of Required Schedules (continued)

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

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

☒**Section 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	27
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SHERI POPE - (850) 474-3380**
11000 UNIVERSITY PKWY, BLDG. 12, 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 to any question in this Part VII ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARNY GILLULY BOARD OF TRUSTEES REPRESENTATIVE	0.20	X						0.	0.	0.
SUSAN CRUZ DIRECTOR	0.10	X						0.	0.	0.
LAVERNE BAKER DIRECTOR	0.30	X						0.	0.	0.
DAVID CLEVELAND DIRECTOR, PAST PRESIDENT	0.40	X		X				0.	0.	0.
BRIAN HAUGEN DIRECTOR	0.20	X						0.	0.	0.
TIM HAAG DIRECTOR	0.20	X						0.	0.	0.
PATRICIA DENKLER PRESIDENT	0.40	X		X				0.	0.	0.
THE HONORABLE CASEY RODGERS SECRETARY	0.10	X		X				0.	0.	0.
C. RAY JONES VICE PRESIDENT	0.50	X		X				0.	0.	0.
JUDY BYRNE RILEY DIRECTOR	0.10	X						0.	0.	0.
DENNIS LARRY DIRECTOR	0.00	X						0.	0.	0.
RICHARD SANFILIPPO DIRECTOR	0.10	X						0.	0.	0.
BRETT SHAW TREASURER	0.20	X		X				0.	0.	0.
WAYNE WILLIAMS DIRECTOR	0.60	X						0.	0.	0.
DR. JUDITH A. BENSE DIRECTOR, PRESIDENT OF UWF	0.20	X			X			0.	220,680.	54,272.
MICHELLE ANCHORS DIRECTOR	0.20	X						0.	0.	0.
RICK FOUNTAIN DIRECTOR	0.00	X						0.	0.	0.

**UNIVERSITY OF WEST FLORIDA
FOUNDATION INC**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN MCGEE DIRECTOR	0.00	X						0.	0.	0.
RICHARD PETERSON DIRECTOR	0.30	X						0.	0.	0.
STEVE RIGGS DIRECTOR	0.10	X						0.	0.	0.
BRIAN WYER DIRECTOR	0.20	X						0.	0.	0.
JIM DONATELLI DIRECTOR	0.10	X						0.	0.	0.
JOHN HUTCHINSON DIRECTOR	0.20	X						0.	0.	0.
DEBBIE RITCHIE DIRECTOR	0.10	X						0.	0.	0.
SAVANNAH LEWIS SGA REPRESENTATIVE	0.10	X						0.	0.	0.
GORDON SPRAGUE DIRECTOR	0.40	X						0.	0.	0.
1b Sub-total								0.	220,680.	54,272.
c Total from continuation sheets to Part VII, Section A								0.	1,569,098.	252,318.
d Total (add lines 1b and 1c)								0.	1,789,778.	306,590.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
THE HASKELL COMPANY, 111 RIVERSIDE AVENUE, JACKSONVILLE, FL 32202	CONSTRUCTION OF HERITAGE HALL	3,207,093.
SOUTHWEST CONTRACT 17 PROFESSIONAL DRIVE, TEMPLE, TX 76504	FURNITURE FOR HERITAGE HALL	478,566.
JANI-KING, 5528 N. DAVIS HIGHWAY, SUITE G, PENSACOLA, FL 32504	JANITORIAL SERVICES	395,286.
MORRETTE 1701 W. GARDEN STREET, PENSACOLA, FL 32501	MINOR CONSTRUCTION	257,314.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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UNIVERSITY OF WEST FLORIDA
FOUNDATION INC

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAT WENTZ DIRECTOR, FACULTY SENATE REPRESENTAT	0.10	X						0.	109,752.	22,811.
CAROLINE HARTNETT ALUMNI BOARD REPRESENTATIVE	0.20	X						0.	0.	0.
SUSAN STEPHENSON EXECUTIVE DIRECTOR	8.00			X				0.	102,877.	17,183.
SHERI POPE DIRECTOR OF THE FOUNDATION	40.00			X				0.	55,147.	5,756.
JEFFREY DJERLEK ASSISTANT DIRECTOR	40.00			X				0.	41,973.	10,162.
DR. CHULA KING PROVOST OF THE UNIVERSITY	0.00				X			0.	203,683.	34,937.
DR. HAROLD M. WHITE JR. EXECUTIVE VICE PRESIDENT O	0.00				X			0.	196,454.	26,926.
DR. MORRIS L. MARX PROFESSOR MATHEMATICS & ST	0.00					X		0.	172,164.	30,086.
DR. FRANK E. RANELLI DEAN OF THE COLLEGE OF BUS	0.00					X		0.	174,741.	25,244.
DR. JOHN F. AZZARETTO FACULTY	0.00					X		0.	164,259.	29,474.
DR. ROBERT FAHNESTOCK PROFESSOR, ACCOUNTING	0.00					X		0.	184,433.	20,666.
DR. JAMES HASSELBACK EMINENT SCHOLAR	0.00					X		0.	163,615.	29,073.
Total to Part VII, Section A, line 1c									1,569,098.	252,318.

**UNIVERSITY OF WEST FLORIDA
FOUNDATION INC**

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	2,660.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2913558.			
	g	Noncash contributions included in lines 1a-1f: \$		254,171.			
	h	Total. Add lines 1a-1f		2916218.			
Program Service Revenue	2 a	RENTAL INCOME - HOUSIN	Business Code 721310	8875238.	8875238.		
	b	RENTAL INCOME - OTHER	900099	220,588.	220,588.		
	c						
	d						
	e						
	f	All other program service revenue	900099	47,250.	47,250.		
	g	Total. Add lines 2a-2f		9143076.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1422733.	211,728.		1,211,005.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		13,502.			13,502.
	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		1424858.			1,424,858.
	8 a	Gross income from fundraising events (not including \$ 2,660. of contributions reported on line 1c). See Part IV, line 18	a	11,100.			
	b	Less: direct expenses	b	5,378.			
	c	Net income or (loss) from fundraising events		5,722.			5,722.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a	MISC. REVENUE-RELATED-	900099	13,454.	13,454.			
b	LOSS FROM PARTNERSHIP	523000	-5,278.		-5,278.		
c							
d	All other revenue						
e	Total. Add lines 11a-11d		8,176.				
12	Total revenue. See instructions.		14,934,285.	9368258.	-5,278.	2,655,087.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	956,273.	956,273.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,601,805.	2,259,062.	305,095.	37,648.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	11,678.	7,030.	4,648.	
c Accounting	52,500.	23,500.	29,000.	
d Lobbying	55,150.		55,150.	
e Professional fundraising services. See Part IV, line 17	44,471.			44,471.
f Investment management fees	318,272.		318,272.	
g Other	456,837.	393,391.	60,648.	2,798.
12 Advertising and promotion	316,646.	227,736.	51,993.	36,917.
13 Office expenses	356,044.	285,676.	24,258.	46,110.
14 Information technology				
15 Royalties				
16 Occupancy	1,041,925.	1,011,716.	30,209.	
17 Travel	284,870.	219,468.	55,087.	10,315.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	46,570.	31,954.	13,168.	1,448.
20 Interest	2,401,874.	2,401,872.	2.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,938,531.	1,936,680.	1,851.	
23 Insurance	237,614.	223,269.	14,345.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a UNIVERSITY/STAFF SUPPOR	2,811,687.	163,260.	2,648,427.	
b REPAIR/MAINTENANCE/SUPP	878,265.	876,314.	1,552.	399.
c HOUSING RELATED EXPENSE	789,629.	789,629.		
d BAD DEBT EXPENSE	30,269.	33,806.	-3,537.	
e				
f All other expenses	71,098.	40,260.	24,275.	6,563.
25 Total functional expenses. Add lines 1 through 24f	15,702,008.	11,880,896.	3,634,443.	186,669.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**UNIVERSITY OF WEST FLORIDA
FOUNDATION INC**

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,071,182.	1	2,693,854.
	2 Savings and temporary cash investments	18,721,871.	2	26,457,350.
	3 Pledges and grants receivable, net	1,886,640.	3	1,627,661.
	4 Accounts receivable, net	389,973.	4	152,040.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	100,561.	9	100,581.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	56,540,115.		
	b Less: accumulated depreciation	14,756,469.		
	11 Investments - publicly traded securities	37,729,709.	10c	41,783,646.
	12 Investments - other securities. See Part IV, line 11	37,837,283.	11	47,200,305.
	13 Investments - program-related. See Part IV, line 11	12,557,346.	12	13,882,921.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	4,349,749.	14	2,185,051.
16 Total assets. Add lines 1 through 15 (must equal line 34)	117,644,314.	15	136,083,409.	
Liabilities	17 Accounts payable and accrued expenses	3,709,086.	16	2,444,117.
	18 Grants payable		17	
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	43,495,392.	19	58,587,664.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities. Complete Part X of Schedule D	210,525.	24	206,745.
	26 Total liabilities. Add lines 17 through 25	47,415,003.	25	61,238,526.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		10,620,588.	26	10,261,095.
28 Temporarily restricted net assets		15,575,649.	27	19,068,050.
29 Permanently restricted net assets		44,033,074.	28	45,515,738.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			29	
31 Paid-in or capital surplus, or land, building, or equipment fund			30	
32 Retained earnings, endowment, accumulated income, or other funds			31	
33 Total net assets or fund balances		70,229,311.	32	74,844,883.
34 Total liabilities and net assets/fund balances		117,644,314.	33	136,083,409.

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,934,285.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,702,008.
3	Revenue less expenses. Subtract line 2 from line 1	3	-767,723.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,229,311.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,383,295.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	74,844,883.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

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

Employer identification number
59-6166292

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☒ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (ii) A family member of a person described in (i) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

UNIVERSITY OF WEST FLORIDA

Schedule A (Form 990 or 990-EZ) 2010 FOUNDATION INC

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,456,286.	6,340,266.	2,346,122.	2,939,498.	2,916,218.	17,998,390.
2 Tax revenues levied for the organization'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	3,456,286.	6,340,266.	2,346,122.	2,939,498.	2,916,218.	17,998,390.
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)						
6 Public support. Subtract line 5 from line 4.						17,998,390.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,456,286.	6,340,266.	2,346,122.	2,939,498.	2,916,218.	17,998,390.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,489,746.	1,552,377.	2,348,371.	1,156,203.	1,211,005.	7,757,702.
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 IV.)	160,637.	80,409.	12,500.	217,796.	76,392.	547,734.
11 Total support. Add lines 7 through 10						26,303,826.
12 Gross receipts from related activities, etc. (see instructions)					12	39,221,303.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	68.42	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	66.62	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2010

Name of the organization

UNIVERSITY OF WEST FLORIDA
FOUNDATION INC

Employer identification number

59-6166292

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules**☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization THE UNIVERISTY OF WEST FLORIDA FOUNDATION, INC.	Employer identification number 59-6166292
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DONOR	\$ 390,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DONOR	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DONOR	\$ 115,621	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE UNIVERSITY OF WEST FLORIDA FOUNDATION, INC.	Employer identification number 59-6166292
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	STOCK/PROPERTY	\$ 115,621	11/28/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

Employer identification number

UNIVERSITY OF WEST FLORIDA
FOUNDATION INC

59-6166292

Part III

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2010

Open to Public
Inspection

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

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

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

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

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

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

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

Name of organization	UNIVERSITY OF WEST FLORIDA FOUNDATION INC	Employer identification number	59-6166292
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political expenditures ▶ \$

3 Volunteer hours ▶

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

UNIVERSITY OF WEST FLORIDA

Schedule C (Form 990 or 990-EZ) 2010

FOUNDATION INC

59-6166292 Page 2

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

- A Check ☐ if the filing organization belongs to an affiliated group.
 B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		55,150.													
c Total lobbying expenditures (add lines 1a and 1b)		55,150.													
d Other exempt purpose expenditures		11825746.													
e Total exempt purpose expenditures (add lines 1c and 1d)		11880896.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		744,045.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		186,011.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	689,830.	711,481.	669,858.	744,045.	2,815,214.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,222,821.
c Total lobbying expenditures	60,150.	60,150.	60,225.	55,150.	235,675.
d Grassroots nontaxable amount	172,458.	177,870.	167,465.	186,011.	703,804.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,055,706.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

UNIVERSITY OF WEST FLORIDA

Schedule C (Form 990 or 990-EZ) 2010 FOUNDATION INC

59-6166292 Page 3

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

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

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010Open to Public
InspectionName of the organization **UNIVERSITY OF WEST FLORIDA
FOUNDATION INC**Employer identification number
59-6166292**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☒ 1.41 %
b Permanent endowment ☒ 98.59 %
c Term endowment ☒ .00 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,454,483.			1,454,483.
b Buildings	52,321,990.		14,612,130.	37,709,860.
c Leasehold improvements				
d Equipment	447,557.		144,339.	303,218.
e Other	2,316,085.			2,316,085.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ☒ 41,783,646.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMINGLED FUNDS	12,433,685.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY FUNDS	780,612.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE INVESTMENT		
(D) TRUST	668,624.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	13,882,921.	

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

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

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	206,745.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	206,745.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,934,285.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,702,008.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-767,723.
4	Net unrealized gains (losses) on investments	4	8,855,614.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	841,971.
8	Other (Describe in Part XIV.)	8	-4,314,290.
9	Total adjustments (net). Add lines 4 through 8	9	5,383,295.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,615,572.

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

1	Total revenue, gains, and other support per audited financial statements	1	23,791,641.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	8,855,614.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,742.
e	Add lines 2a through 2d	2e	8,857,356.
3	Subtract line 2e from line 1	3	14,934,285.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,934,285.

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

1	Total expenses and losses per audited financial statements	1	20,018,040.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	4,316,032.
e	Add lines 2a through 2d	2e	4,316,032.
3	Subtract line 2e from line 1	3	15,702,008.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,702,008.

Part XIV Supplemental Information

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

PART III, LINE 4: DURING THE TAX YEAR, THE FOUNDATION TRANSFERRED THE

MUSEUM ARTIFACTS TO THE WEST FLORIDA HISTORIC PRESERVATION, INC., A DIRECT SERVICE ORGANIZATION OF THE UNIVERSITY OF WEST FLORIDA, AND EXPENSED THE ARTIFACTS AS UNIVERSITY SUPPORT.

PART V, LINE 4: THE INCOME FROM THE ENDOWMENT FUNDS IS TO BE USED FOR SCHOLARSHIPS, PROFESSORSHIPS, AND PROGRAMS OF THE UNIVERSITY OF WEST FLORIDA. ALL FUNDS ARE USED TO ADVANCE THE MISSION OF THE UNIVERSITY.

Part XIV Supplemental Information (continued)

PART X, LINE 2: THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN INVESTMENT ACTIVITIES NOT DIRECTLY RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

WITH A FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR YEARS BEGINNING BEFORE 2008.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN ESTIMATE	-4,316,032.
CHANGE IN S/I AGREEMENT	1,742.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-4,314,290.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN S/I AGREEMENT VALUE	1,742.
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PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS FROM REFUNDED AND CANCELLED RESTRICTED CONTRIBUTIONS	4,316,032.
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SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

UNIVERSITY OF WEST FLORIDA
FOUNDATION INC

Employer identification number

59-6166292

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE	0	0	PROGRAM SERVICES	STUDY ABROAD	19,900.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT		12,990,000.
EAST ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD	7,300.
SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDY ABROAD	2,500.
3 a Sub-total	0	0			13,019,700.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			13,019,700.

--	--

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

3 Enter total number of other organizations or entities ►

Part III can be duplicated if additional space is needed.

[illegible]

UNIVERSITY OF WEST FLORIDA
FOUNDATION INC

Schedule F (Form 990) 2010

59-6166292 Page 4

Part IV Foreign Forms

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

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable.

Also complete this part to provide any additional information.

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

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2010

Open To Public
Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ELIZABETH G. HAMBLETON - 4669 MURPHY CANYON #100, SAN	UNDERWRITING		X	42,945.	11,540.	31,405.
CHARITABLE AUTO RESOURCES, INC. - 1198 BAY COURT,	VEHICLE DONATION	X		31,075.	11,576.	19,499.
ALEXANDER HAAS - 3520 PIEDMON ROAD, SUITE #300, ATLANTA, GA	FEASIBILITY STUDY		X	0.	25,000.	0.
EMO/ARCHITECTS, INC. - 1126 THOMASVILLE ROAD,	ATHLETIC FILM		X	0.	29,250.	0.
WILSON-BENNETT TECHNOLOGY - 206 PLAZA BOULEVARD, SUITE C,	PHONATHON		X	0.	30,000.	0.
Total				74,020.	107,366.	50,904.

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

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

UNIVERSITY OF WEST FLORIDA

Schedule G (Form 990 or 990-EZ) 2010

FOUNDATION INC

59-6166292 Page 2

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

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

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

UNIVERSITY OF WEST FLORIDA

Schedule G (Form 990 or 990-EZ) 2010 FOUNDATION INC

59-6166292 Page 3

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ELIZABETH G. HAMBLETON

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

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

(I) ADDRESS OF FUNDRAISER: 1198 BAY COURT, DESTIN, FL 32541

(I) NAME OF FUNDRAISER: ALEXANDER HAAS

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER:

3520 PIEDMON ROAD, SUITE #300, ATLANTA, GA 30305

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

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

(I) NAME OF FUNDRAISER: WILSON-BENNETT TECHNOLOGY

(I) ADDRESS OF FUNDRAISER: 206 PLAZA BOULEVARD, SUITE C, CABOT, AR 72023

SCHEDULE G, PART I, LINE 2B, COLUMN (V): THE FOUNDATION CONTRACTS WITH CHARITABLE AUTO RESOURCES, INC. (CARS) (FEIN 20-0290042) TO OPERATE ITS VEHICLE DONATION PROGRAM. CARS ACTS AS THE FOUNDATION'S AUTHORIZED AGENT TO ACCEPT DONATED VEHICLES AND SELL THEM TO DEALERS, WHOLESALERS, OR AT AUCTIONS. UPON TRANSFER OF THE VEHICLE OWNERSHIP BY THE DONOR, CARS SENDS A DONATION RECEIPT TO THE DONOR. CARS PROVIDES PERTINENT DONOR AND VEHICLE INFORMATION TO THE FOUNDATION ON NO LESS THAN A MONTHLY BASIS. SUBSEQUENT TO THE SALE OF THE VEHICLE(S), CARS REMITS THE PROCEEDS, LESS COMMISSIONS, TO THE FOUNDATION.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

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

Employer identification number
59-6166292

Part I General Information on Grants and Assistance

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

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

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

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

UNIVERSITY OF WEST FLORIDA
FOUNDATION INC

59-6166292

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	962	956,273.	0.	FAIR MARKET VALUE	N/A

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization UNIVERSITY OF WEST FLORIDA FOUNDATION INC	Employer identification number 59-6166292
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Part I Questions Regarding Compensation

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		X
b Any related organization?	5b		X
If "Yes" to line 5a or 5b, describe in Part III.			
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		X
b Any related organization?	6b		X
If "Yes" to line 6a or 6b, describe in Part III.			
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2010

**UNIVERSITY OF WEST FLORIDA
FOUNDATION INC**

Schedule J (Form 990) 2010

59-6166292

Page 2

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. JUDITH A. BENSE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	220,680.	0.	0.	47,334.	6,938.	274,952.	272,174.
2 DR. CHULA KING	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	203,683.	0.	0.	20,393.	14,544.	238,620.	245,581.
3 DR. HAROLD M. WHITE JR.	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	196,454.	0.	0.	20,096.	6,830.	223,380.	231,304.
4 DR. MORRIS L. MARX	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	172,164.	0.	0.	18,027.	12,059.	202,250.	216,797.
5 DR. FRANK E. RANELLI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	174,741.	0.	0.	14,007.	11,237.	199,985.	201,899.
6 DR. JOHN F. AZZARETTO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	164,259.	0.	0.	17,256.	12,218.	193,733.	200,679.
7 DR. ROBERT FAHNESTOCK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	184,433.	0.	0.	15,258.	5,408.	205,099.	0.
8 DR. JAMES HASSELBACK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	163,615.	0.	0.	16,926.	12,147.	192,688.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

UNIVERSITY OF WEST FLORIDA
FOUNDATION INC

Schedule J (Form 990) 2010

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Page 3

Part III Supplemental Information

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

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

DR. JUDITH A. BENNE IS A MEMBER OF MCGUIRE'S IRISH POLITICIAN CLUB, A LOCAL
RESTAURANT MEMBERSHIP GROUP. THE MEMBERSHIP IS USED FOR ENTERTAINING GUESTS
OF THE UNIVERSITY OF WEST FLORIDA.

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010
Open to Public
Inspection

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

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

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A ESCAMIBA COUNTY FLORIDA HOUSING FINANCE AUTHORITY	59-3010066	296120BJ6	12/01/05	18,290,000.	TO REFUND THE 2002 DORMITORY RE		X		X		X
B ESCAMIBA COUNTY FLORIDA HOUSING FINANCE AUTHORITY	59-3010066	NONE00000	04/24/09	15,000,000.	BANK LOAN TO FINANCE CONSTRUCT		X		X		X
C ESCAMIBA COUNTY FLORIDA HOUSING FINANCE AUTHORITY	59-3010066	NONE00000	12/30/10	11,717,000.	REFUND THE 1998 DORMITORY REVENUE		X		X		X
D ESCAMIBA COUNTY FLORIDA HOUSING FINANCE AUTHORITY	59-3010066	296120CU0	02/15/11	16,189,083.	DORMITORY REVENUE BONDS FOR CONSTR		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	18,370,470.		15,000,000.		11,717,000.		16,189,083.	
4 Gross proceeds in reserve funds			1,000,000.					
5 Capitalized interest from proceeds			969,221.				260,523.	
6 Proceeds in refunding escrows	17,725,312.				11,619,336.			
7 Issuance costs from proceeds	310,158.		136,000.		97,664.		316,533.	
8 Credit enhancement from proceeds	335,000.						305,318.	
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			12,894,779.				1,769,943.	
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion			2010					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			X	X			X
15 Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

**UNIVERSITY OF WEST FLORIDA
FOUNDATION INC**

Schedule K (Form 990) 2010

59-6166292

Page 2

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		.00 %		.00 %		.00 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		.00 %		.00 %		.00 %
6 Total of lines 4 and 500 %		.00 %		.00 %		.00 %
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

ESCAMIBA COUNTY FLORIDA HOUSING FINANCE AUTHORITY - 2005 SERIES

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

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

(A) ISSUER NAME:

ESCAMIBA COUNTY FLORIDA HOUSING FINANCE AUTHORITY - 2009 SERIES

(F) DESCRIPTION OF PURPOSE:

BANK LOAN TO FINANCE CONSTRUCTION OF STUDENT HOUSING

(A) ISSUER NAME:

ESCAMIBA COUNTY FLORIDA HOUSING FINANCE AUTHORITY - 2010 SERIES

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

(A) ISSUER NAME:

ESCAMIBA COUNTY FLORIDA HOUSING FINANCE AUTHORITY - 2011 SERIES

(F) DESCRIPTION OF PURPOSE:

DORMITORY REVENUE BONDS FOR CONSTRUCTION OF STUDENT HOUSING

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2010

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	49	31,075.	IMMEDIATE SALE OF IT
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	155,107.	HIGH/LOW AVG @ D.O.G
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	20	0.	
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (MUSIC EQUIPME)	X	2	48,095.	APPRAISED VALUE
26 Other ► (COMPUTER EQUI)	X	24	11,461.	REPLACEMENT COST
27 Other ► (ATHLETIC EQUI)	X	1	7,433.	REPLACEMENT COST
28 Other ► (LAB EQUIPMENT)	X	3	1,000.	REPLACEMENT COST

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 1

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b If "Yes," describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) (2010)

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

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

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

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

PART I, LINE 18 - COLLECTIBLES: ORIENTAL ARTWORK AND CLOTHING

IN ADDITION TO THE ABOVE NONCASH CONTRIBUTIONS, DONATIONS OF MARKETABLE SECURITIES RECEIVED AS PAYMENT ON PLEDGES ARE NOT INCLUDED ON LINE 9, "SECURITIES - PUBLICLY TRADED". THESE ARE CREDITED AGAINST THE PLEDGE RECEIVABLE RATHER THAN CURRENT YEAR CONTRIBUTION INCOME.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNIVERSITY OF WEST FLORIDA
FOUNDATION INC

Employer identification number

59-6166292

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

INCLUDING HOUSING AT UWF.

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

ALL OTHER PROGRAMS: THE UWF FOUNDATION HAS AGENCY ACCOUNTS WHICH

SUPPORT THE MISSION OF CERTAIN DEPARTMENTS AND COLLEGES WITHIN THE

UNIVERSITY. THESE ACCOUNTS PRIMARILY CONSIST OF DONATED FUNDS TO HELP

SUPPORT FACULTY SALARIES, STUDENT SCHOLARSHIPS, LEARNING ENVIRONMENTS,

PROFESSIONAL DEVELOPMENT, AND LECTURES.

EXPENSES \$ 1,852,745. INCLUDING GRANTS OF \$ 173,032. REVENUE \$ 60,704.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT OF THE FORM 990 IS

PRESENTED TO ALL BOARD MEMBERS PRIOR TO THE MARCH BOARD MEETING. THE BOARD

SUGGESTS EDITS. AFTER THE EDITS ARE MADE, THE ENTIRE BOARD APPROVES THE

DOCUMENT FOR FILING. THE APPROPRIATE SIGNATURES ARE OBTAINED AND THE FORM

990 IS MAILED.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, EACH BOARD MEMBER

RECEIVES A CONFLICT OF INTEREST QUESTIONNAIRE. ALL BOARD MEMBERS ARE

REQUIRED TO FILL OUT AND SIGN THE QUESTIONNAIRE. BOARD MEMBERS OR OFFICERS

WHO HAVE DECLARED OR HAVE BEEN FOUND TO HAVE A CONFLICT OF INTEREST SHALL

REFRAIN FROM CONSIDERATION OF PROPOSED TRANSACTIONS, UNLESS FOR SPECIAL

REASONS THE BOARD OR ADMINISTRATION REQUESTS INFORMATION OR INTERPRETATION.

PERSONS WITH CONFLICTS SHALL NOT VOTE, PARTICIPATE IN DISCUSSION OR BE

PRESENT AT THE TIME OF THE VOTE. ANY PROPOSED TRANSACTION IN WHICH A

CONFLICT OF INTEREST HAS BEEN DECLARED OR FOUND TO EXIST MUST BE APPROVED

Name of the organization UNIVERSITY OF WEST FLORIDA
FOUNDATION INC

Employer identification number
59-6166292

BY A MAJORITY OF THE DISINTERESTED MEMBERS OF THE BOARD OR THE APPROPRIATE COMMITTEE OF THE BOARD AFTER DISCLOSURE OF THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE UNIVERSITY OF WEST FLORIDA'S BOARD OF TRUSTEES DETERMINES AND APPROVES ALL COMPENSATION. THE DETERMINATION INCLUDES CONSIDERING COMPENSATION RELATIVE TO THE MARKET LEVEL FOR THE JOB FAMILY. CONSIDERATION MAY BE GIVEN TO SUBSTANTIAL, DIRECTLY RELATED EXPERIENCE AND COMPARABLE INTERNAL SALARIES, WHICH MAY INCLUDE FACTORS SUCH AS JOB PERFORMANCE AND LEVEL OF RESPONSIBILITY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK,AZ,CA,CO,HI,IL,KY,LA,ME,MD,MA,MI,MN,NH,NJ,NY,OH,OK,OR,SC,UT,WA,WV,WI,DC

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

PART IX, LINE 24 A, COLUMN C

LARGE INCREASE TO GENERAL AND ADMINISTRATIVE EXPENSES:

DURING 2007, THE FOUNDATION ACCEPTED A NONCASH DONATION OF MUSEUM ARTIFACTS WITH AN APPRAISED VALUE OF APPROXIMATELY \$2.6 MILLION. DURING 2011, THE FOUNDATION TRANSFERRED THE MUSEUM ARTIFACTS TO THE WEST FLORIDA HISTORIC PRESERVATION, INC., A DIRECT SUPPORT ORGANIZATION OF THE UNIVERSITY OF WEST FLORIDA, AND EXPENSED THE ARTIFACTS AS A GENERAL ADMINISTRATIVE EXPENSE OF UNIVERSITY SUPPORT. THIS TRANSACTION INFLATES THE NORMAL GENERAL AND ADMINISTRATIVE EXPENSES FOR THE YEAR ENDING 6/30/11.

Name of the organization UNIVERSITY OF WEST FLORIDA
FOUNDATION INC

Employer identification number
59-6166292

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 8,855,614.

PRIOR PERIOD ADJUSTMENTS: 841,971.

CHANGE IN ESTIMATE -4,316,032.

CHANGE IN S/I AGREEMENT 1,742.

TOTAL TO FORM 990, PART XI, LINE 5 5,383,295.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS

EXPLANATION FOR SIGNIFICANT CHANGES IN NET ASSETS

PRIOR PERIOD ADJUSTMENT: THE FINANCIAL STATEMENTS FOR 2010 HAVE BEEN

RESTATE TO PROPERLY REFLECT PROPERTY AND EQUIPMENT AND EXPENSES

RELATED TO HERITAGE HALL CAPITALIZED CONSTRUCTION INTEREST. THE EFFECT

OF THE RESTATEMENT WAS TO DECREASE BOND INTEREST EXPENSES AND INCREASE

PROPERTY AND EQUIPMENT BY \$841,971, THUS INCREASING THE STUDENT HOUSING

SYSTEM'S UNRESTRICTED NET ASSETS BY THE SAME AMOUNT.

CHANGE IN ESTIMATE: CHANGE IN ESTIMATES REFLECTS DONOR REQUESTED

REFUNDS FOR REVENUE RECORDED IN PRIOR YEARS. INFREQUENTLY, THE

FOUNDATION MAY BE REQUIRED OR ASKED TO RETURN A CONTRIBUTION IF (A) IT

IS UNABLE TO COMPLY WITH DONOR RESTRICTIONS OR THE DONOR HAS CHANGED

HIS MIND, OR (B) THE NONPROFIT ORGANIZATION HAS RECEIVED A COURT ORDER

REQUIRING IT TO RETURN THE CONTRIBUTION, AND (C) IN THE INFREQUENT CASE

THAT A COURT ORDER IS RECEIVED REQUIRING THE RETURN OF CONTRIBUTIONS,

THE REMAINING OUTSTANDING PLEDGES RECEIVED WILL BE CANCELLED. THE

RETURN OF A RESTRICTED DONATION RECEIVED IN PRIOR YEARS IS RECORDED AS

A LOSS IN THE RESTRICTED NET ASSET CLASS.

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2010
Open to Public
Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNIVERSITY OF WEST FLORIDA - 59-2976783 11000 UNIVERSITY PARKWAY PENSACOLA, FL 32514	HIGHER EDUCATION	FLORIDA	115(1)	N/A	N/A		X

Part III

[illegible]

Part IV

[illegible]

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

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY OF WEST FLORIDA UNIVERSITY OF WEST FLORIDA (INCLUDED IN	K	186,669.	ACCRUAL ACCOUNTING
(2) TOTAL OF "O")	N	0.	SEE BELOW
(3) UNIVERSITY OF WEST FLORIDA	O	2,558,608.	CHECKS CUT
(4) UNIVERSITY OF WEST FLORIDA	Q	97,579.	PURCHASE PRICE
(5)			
(6)			

Part VII	Supplemental Information
-----------------	---------------------------------

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

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print	Name of exempt organization UNIVERSITY OF WEST FLORIDA FOUNDATION INC
	Employer identification number 59-6166292
File by the extended due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 11000 UNIVERSITY PKWY BLDG 12
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PENSACOLA, FL 32514-5732

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

SHERI POPE

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

- 4 I request an additional 3-month extension of time until **MAY 15, 2012**.
- 5 For calendar year , or other tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension

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

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

Signature and Verification

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

Signature  Title **CPA**

Date **1/25/12**

990 1st Ext

Form **8868**
(Rev. January 2011)Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

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

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

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

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

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

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

Part I only ☐

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

Type or print	Name of exempt organization	Employer identification number
	UNIVERSITY OF WEST FLORIDA FOUNDATION INC	59-6166292
	Number, street, and room or suite no. If a P.O. box, see instructions.	
File by the due date for filing your return. See instructions.	11000 UNIVERSITY PKWY BLDG 12	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	PENSACOLA, FL 32514-5732	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DR. SUSAN STEPHENSON

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

Telephone No. ► (850) 474-2487

FAX No. ►

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning JUL 1, 2010, and ending JUN 30, 2011.

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

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

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

990 1st Ext

Product: Exempt Extension

Category:

Name: University of West Florida

IRS Center: Ogden

e-Postmark: 10/17/2011 2:38:44 PM

FEIN: 59-6166292

Notification:

Fiscal Year 7/1/2010

Fiscal Year 6/30/2011

Begin Date:

End Date:

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	10/20/2011	Upload Started			
	10/20/2011	Ready to Release by Customer			
	10/20/2011	Released for Transmission - Validation In Progress			795392
	10/20/2011	Ready to transmit - Validation Complete			
	10/20/2011	Transmitted to FD	590759201129307e0e12		
	10/20/2011	Accepted by FD on 10/20/2011			