

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

2011 MAY 24 A 10:35

Thank you for taking part in the IRS e-file Program.

University of Florida Research
P.O. Box 115500

Gainesville, FL 32611-5500

- [X] Your Form 990 / Form 990-EZ, Return of Organization Exempt from Income Tax for tax year June 30, 2010 is being filed electronically with the IRS by the services of Purvis, Gray & Company.
- [X] Your return was accepted by the IRS on 05/20/11 and the Submission Identification Number assigned to your return is 59536720111400567464.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Acknowledgement Process

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you can send either an amended electronic tax return or you can send an amended Form 990 / Form 990-EZ, Return of Organization Exempt from Income Tax, to the IRS submission processing center that processes paper returns for your area.

Purvis, Gray & Company
2347 SE 17th Street
Ocala, FL 34471
352-732-3872

May 20, 2011

CONFIDENTIAL

University of Florida Research
Foundation, Inc.
P.O. Box 115500
Gainesville, FL 32611-5500

Dear George:

We have prepared the following returns from information provided by you without verification or audit.

990 - Return of Organization Exempt From Income Tax

Although the first sentence herein indicates that we prepared the return without verification or audit of the information provided by you strictly for the preparation of the attached tax return, such information may have been subjected to audit procedures used in our audit of your financial statement conducted in accordance with the appropriate professional auditing standards.

Please be sure to read the attached Tax Return Engagement Memorandum. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

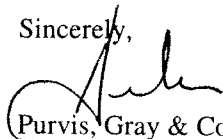
Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

Please be advised that the information included in the initial filing of Form 990-T includes the net losses derived from Unrelated Business Income which was provide by information submitted to you on the respective K-1s. Form 990-T requires information for gross revenues and gross expenses from unrelated business activities. That information was not available on the K-1s and a net amount only was provided. We suggest that you continue working with the respective entities and request proper information.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,



Purvis, Gray & Company

TAX RETURN ENGAGEMENT MEMORANDUM

We appreciate the opportunity to serve you and prepare your tax return. This memorandum is to inform you of important matters related to that preparation and remind you of some important responsibilities placed on you as the taxpayer. **Please read this carefully before signing your return.**

Your tax return was prepared using information you provided. We have not audited or independently verified the data you furnished even though we may have asked for further clarification on some of the information, even if we issued an auditors' or accountants' report on your financial statements. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other information that form the basis of income and deductions. This includes documents we returned to you. Such documentation may be necessary to prove the accuracy and completeness of the return to a taxing authority.

Your returns are subject to review by taxing authorities. Any items resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available to represent you, billing you for such services at our standard hourly rates.

Generally, no deduction shall be allowed for any travel or entertainment expense, business gifts, or for the use of "listed property," unless the taxpayer can substantiate the business use or purpose by adequate records or sufficient evidence. For a meal or entertainment deduction, the records must document the amount, time, place and business purpose. The term "listed property" includes property subject to business and personal use, e.g., automobiles, boats, airplanes, portable telephones and home computers. Failure to comply with these requirements can result in the disallowance of the deductions and in the assessment of substantial penalties. Our understanding is that information you provided is supported by records required.

Special documentation requirements apply when deducting certain charitable contributions. Examples of these requirements include (1) certain contributions of \$250 or more must be supported by a written acknowledgement from the charitable organization; (2) a deduction of \$500 or more of a motor vehicle, boat, or airplane requires an attached statement to your return; and (3) certain noncash contributions of \$5,000 or more may require a timely prepared "qualified appraisal" or the deduction will be disallowed. We have not attempted to verify your records regarding charitable contributions, even though we may have asked you for clarification or additional details while preparing the return.

The law provides for a number of penalties which may be assessed by the Internal Revenue Service or other tax authority. A complete list of those penalties is not included herein, but please be advised that a penalty may apply if (1) there is a late payment of tax; (2) there is a failure to timely file the return; or (3) there is a failure to make timely and adequate estimated tax payments. Also, a 20% penalty may be applied if there is (1) negligence or disregard of the rules and regulations; (2) a substantial valuation overstatement; (3) a substantial estate or gift valuation understatement or (4) there is a substantial underpayment of income tax. A substantial underpayment generally is one that exceeds the greater of 10% of the correct tax for the year or \$5,000 (\$10,000 in the case of a "C" corporation).

Recent tax law created a new penalty for transactions that do not have economic substance. Generally, a transaction has economic substance only if, other than for federal tax purpose or effects, it changes in a meaningful way the taxpayer's economic position and the taxpayer has a substantial purpose for undertaking the transaction. This penalty cannot be waived for reasonable cause and may vary depending on whether the transaction is disclosed adequately in the tax return. Please be sure that you have discussed any such transactions with us prior to filing this return.

As taxpayer, you have the final responsibility for the tax return. You should carefully review any return before you sign and file such return. After you review your return, if you find that you did not provide us with all necessary information or there is a possibility that information provided may not be in accordance with the appropriate guidelines, please contact us immediately to discuss such matters before filing the tax return since revisions may be required.

Once again, thank you for the opportunity to be of service.

Purvis, Gray & Company

Filing Instructions

University of Florida Research Foundation, Inc.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2010

Date Due: May 16, 2011

Remittance: None is required. Your Form 990 for the tax year ended 6/30/10 shows no balance due.

Action Required: Please review your return thoroughly. If you find that the return needs revision, please indicate what changes are needed on your copy of the return and return it to us as soon as possible.

The enclosed Form 8879, IRS e-file Signature Authorization contains a Personal Identification Number (PIN) which will serve as your electronic signature. We have either automatically generated a PIN for you or we have used the PIN that you have previously supplied. If you wish to change your PIN, please make the changes directly on the enclosed form.

Signature: If no changes are required to the return, please sign where indicated in Part II of the enclosed Form 8879, IRS e-file Signature Authorization and return it as soon as possible to:

Mail: Purvis, Gray & Company
Attn: EF Monitor
2347 SE 17th Street
Ocala, FL 34471

Fax: (352) 732-0542 Attn: EF Monitor

Or scan and e-mail to: efmonitor-oca@purvisgray.com

Other: Initial and date the copy of the IRS e-file Signature Authorization and the Form 990. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. **DO NOT MAIL A PAPER COPY OF YOUR RETURN TO THE IRS.** If you mail a paper copy of your return to the IRS it will delay the processing of your return.

We cannot transmit your tax return to the IRS until we have received your signed Form 8879.

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

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

OMB No. 1545-0047

2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization **UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION, INC.**

Doing Business As

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

P.O. BOX 115500

Room/suite

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

GAINESVILLE FL 32611-5500**F** Name and address of principal officer:**DR. WINFRED M. PHILLIPS****223 GRINTER HALL****GAINESVILLE FL 32611****D** Employer identification number**59-2729133****E** Telephone number**352-392-5221****G** Gross receipts \$ **39,427,630****H(a)** Is this a group return for

affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates

included?

☐ Yes ☐ No

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

I Tax-exempt status: ☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.RESEARCH.UFL.EDU/UFRF****H(c)** Group exemption number ▶**K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1986****M** State of legal domicile: **FL****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:	ASSIST THE UNIV OF FL IN THE FUNDING OF RESEARCH/DEVELOPMENT THROUGH GRANTS & CONTRACTUAL ARRANGEMENTS & IN THE COMMERCIALIZATION OF INTELLECTUAL PROPERTIES, WHICH INCLUDE INVENTIONS, DISCOVERIES, PROCESSES & WORK PRODUCTS.	
	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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-57,868
b Net unrelated business taxable income from Form 990-T, line 34	7b	-57,868	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	75,000	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,285,839	10,074,230
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,668,151	4,524,855
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,807,337	39,124,540
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	51,589,006	35,226,961
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	51,589,006	35,226,961	
19 Revenue less expenses. Subtract line 18 from line 12	5,218,331	3,897,579	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	139,285,261	147,367,765
	22 Net assets or fund balances. Subtract line 21 from line 20	71,433,738	68,790,153
		67,851,523	78,577,612

Part II Signature Block

Sign Here	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.			
	Signature of officer GEORGE C. KOLB, JR.		Date SECRETARY	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00414072
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶		Phone no. ▶
	PURVIS, GRAY & COMPANY 2347 SE 17TH STREET OCALA, FL 34471		59-0548468 352-732-3872	

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

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ASSIST THE UNIV OF FL IN THE FUNDING OF RESEARCH/DEVELOPMENT THROUGH GRANTS & CONTRACTUAL ARRANGEMENTS & IN THE COMMERCIALIZATION OF INTELLECTUAL PROPERTIES, WHICH INCLUDE INVENTIONS, DISCOVERIES, PROCESSES & WORK PRODUCTS.

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 \$ **23,040,357** including grants of \$) (Revenue \$ **29,917,912**)
COST INCURRED IN OBTAINING LICENSES AND GRANTS FOR THE UNIVERSITY OF FLORIDA RESEARCH FOUNDATION ACTIVITIES.

4b (Code:) (Expenses \$ **4,258,281** including grants of \$) (Revenue \$ **2,402,858**)
COSTS INCURRED IN THE LICENSING OF PATENTED OR PATENTABLE PRODUCTS DEVELOPED BY THE UNIVERSITY OF FLORIDA.

4c (Code:) (Expenses \$ **5,731,040** including grants of \$) (Revenue \$)
COSTS INCURRED IN SECURING AND PROVIDING RESEARCH AND DEVELOPMENT FUNDING FOR THE UNIVERSITY OF FLORIDA.

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

(Expenses \$ **303,090** including grants of \$) (Revenue \$ **4,534,958**)4e Total program service expenses **▶ 33,332,768**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV	X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
<ul style="list-style-type: none"> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X. 		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II		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? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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		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 II		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	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	X	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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		X
25b	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		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		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		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):		
28a	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	248
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	2a	0
b	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 this return. (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	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?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	12
b Enter the number of voting members that are independent	1b	2
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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 organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material 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	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11a 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 ► **FL**
- 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: ► **GEORGE C. KOLB, JR.** **274 GRINTER HALL**

GAINESVILLE

FL 32611-5500 352-392-5221

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(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			
DR. J. BERNARD MACHEN CHAIRPERSON	1.00	X		X				0	1,110,896	38,738
DR. DAVID S. GUZICK DIRECTOR	1.00	X						0	522,622	31,500
DR. JOHN KRAFT DIRECTOR	1.00	X						0	496,252	43,349
DR. WINFRED M PHILLIPS PRESIDENT	10.00	X		X				0	369,692	48,444
DR. JOSEPH GLOVER DIRECTOR	1.00	X						0	321,724	38,155
DR. CAMMY ABERNATHY DIRECTOR	1.00	X						0	271,343	34,746
MR. J EDWARD POPPELL DIRECTOR	1.00	X						0	258,408	39,876
DR. PAUL J D'ANIERI DIRECTOR	1.00	X						0	234,004	35,203
MR. BRIAN HUTCHISON DIRECTOR	1.00	X						0	0	0
THE HONORABLE CAROLYN ROBERTS DIRECTOR	1.00	X						0	0	0
THE HONORABLE JOELEN MERKEL DIRECTOR	1.00	X						0	0	0
DR. JACK PAYNE DIRECTOR	1.00	X						0	0	0
DR. THOMAS E WALSH APP OFFICER	1.00			X				0	239,200	29,691
MR. DAVID L DAY APP OFFICER	40.00			X				0	237,129	34,013
MR. MICHAEL V MCKEE TREASURER	1.00			X				0	144,295	25,061
MR. FRANK P WARD SECRETARY	30.00			X				0	97,190	15,249
JANE MUIR ASS DIRECTOR	40.00					X		0	119,770	18,893

Part VII

[illegible]

1b Total		4,422,525	432,918
----------	--	-----------	---------

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 ► 12

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	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
SALIWANCHIK LLOYD AND SALIWANCHIK 3107 SW WILLISTON ROAD GAINESVILLE FL 32614	PATENT LEGAL SE	2,058,356
EDWARDS ANGELL PALMER AND DODGE LLP111 HUNTING AVENUE BOSTON MA 02199	PATENT LEGAL SE	343,933
THOMAS, KAYDEN, HORSTEMYR & RISLEY, LLP100 GALLERIA PARKWAY SE ATLANTA GA 30339	PATENT LEGAL SE	331,314
MILES AND STOCKBRIDGE PC 1751 PINNACLE DRIVE MCLEAN VA 22102	PATENT LEGAL SE	264,544
WOODARD, EMHARDT, NAUGHTON, MORIARTY, & 111 MONUMENT CIRCLE INDIANAPOLIS IN 46204	PATENT LEGAL SE	216,551

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 ►	9
---	--	---

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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2a CONTRACT AND GRANTS	Busn. Code	4,466,407	4,466,407		
	b PATENT AND LICENSING COSTS		2,402,858	2,402,858		
	c ASSMNT FEES REC RLTD UF CLLGS		2,300,000	2,300,000		
	d LICENSING FEES		870,007	870,007		
	e OTHER PROGRAM SERVICE REVENUE		34,958	34,958		
	f All other program service revenue					
	g Total. Add lines 2a-2f		10,074,230			
	3 Investment income (including dividends, interest, and other similar amounts)		2,845,735			2,845,735
4 Income from investment of tax-exempt bond proceeds						
5 Royalties		24,581,498	24,581,498			
Other Revenue	6a Gross Rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	1,982,210			
	b Less: cost or other basis & sales exps.		303,090			
	c Gain or (loss)		1,679,120			
	d Net gain or (loss)		1,679,120			1,679,120
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a 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		Busn. Code			
11a MISCELLANEOUS INCOME	900099	1,825			1,825	
b K-1 ACTIVITY NOT ON FIN STMTS	541900	-57,868		-57,868		
c						
d All other revenue						
e Total. Add lines 11a-11d		-56,043				
12 Total Revenue. See instructions.		39,124,540	34,655,728	-57,868	4,526,680	

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				
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				
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	4,259,942	4,258,281	1,661	
c Accounting	40,000		40,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	303,090	303,090		
g Other	14,850	14,850		
12 Advertising and promotion				
13 Office expenses	496	496		
14 Information technology				
15 Royalties	15,826,593	15,826,593		
16 Occupancy				
17 Travel	64,231		64,231	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,514,750		1,514,750	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	29,247	29,247		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACTS AND GRANTS	4,359,575	4,359,575		
b RESEARCH & DEVELOPMENT AWARDS	3,986,916	3,986,916		
c TECHNOLOGY LICENSES	1,967,905	1,967,905		
d GATORADE ALLOCATION	1,744,124	1,744,124		
e REIMBURSED EMPLOYEE COSTS	505,606	505,606		
f All other expenses	609,636	336,085	273,551	
25 Total functional expenses. Add lines 1 through 24f	35,226,961	33,332,768	1,894,193	
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	1,323,525	2	963,060
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	9,067,854	4	6,479,990
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	383,886	7	97,866
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	590,735	9	567,184
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	59,311,780	11	187,509
	12 Investments—other securities. See Part IV, line 11	68,607,481	12	139,072,156
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	139,285,261	16	147,367,765	
Liabilities	17 Accounts payable and accrued expenses	18,742,351	17	15,723,875
	18 Grants payable		18	
	19 Deferred revenue	8,653,301	19	7,984,740
	20 Tax-exempt bond liabilities	32,600,000	20	31,800,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	11,438,086	21	13,281,538
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	71,433,738	26	68,790,153
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	67,851,523	32	78,577,612
	33 Total net assets or fund balances	67,851,523	33	78,577,612
	34 Total liabilities and net assets/fund balances	139,285,261	34	147,367,765

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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?

b Were the organization's financial statements audited by an independent accountant?

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.

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 consolidated basis, separate basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ 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?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		
3b		

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

2009Open to Public
InspectionName of the organization **UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION, INC.**Employer identification number
59-2729133**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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

(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	
UNIVERSITY OF FLORIDA	59-6002052	5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		5,731,040
Total									5,731,040

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

Schedule A (Form 990 or 990-EZ) 2009

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. 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		
b 33 1/3 % support test—2008. 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		
17a 10%-facts-and-circumstances test—2009. 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		
b 10%-facts-and-circumstances test—2008. 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		
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		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. 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—2008. 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 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

2009**Open to Public
Inspection**

Name of the organization

**UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION, INC.**

Employer identification number

59-2729133**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, 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, 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	▶ \$ _ _ _ _ _
(II) Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

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 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
1c	
1d	
1e	
1f	

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

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 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment %
 b Permanent endowment %
 c Term endowment %

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

- (I) unrelated organizations
 (II) related organizations

	Yes	No
3a(I)		
3a(II)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments—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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

Schedule D (Form 990) 2009 **UNIVERSITY OF FLORIDA RESEARCH** 59-2729133

Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	39,124,540
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,226,961
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,897,579
4	Net unrealized gains (losses) on investments	4	6,770,642
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	57,868
9	Total adjustments (net). Add lines 4 through 8	9	6,828,510
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	10,726,089

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	45,649,960
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	6,770,642
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	6,770,642
3	Subtract line 2e from line 1	3	38,879,318
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	303,090
b	Other (Describe in Part XIV.)	4b	-57,868
c	Add lines 4a and 4b	4c	245,222
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	39,124,540

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

1	Total expenses and losses per audited financial statements	1	34,923,871
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	34,923,871
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	303,090
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	303,090
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	35,226,961

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 IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION
THE ORGANIZATION HOLDS INVESTMENTS IN A CUSTODIAL ARRANGEMENT FOR TWO
COLLEGES WITHIN THE UNIVERSITY OF FLORIDA.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER
K-1 ACTIVITY NOT INCLUDED ON THE FINANCIAL STATEMENTS \$ 57,868

Schedule D (Form 990) 2009 **UNIVERSITY OF FLORIDA RESEARCH**
Part XIV Supplemental Information (continued)

59-2729133

Page **5**

PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER
K-1 ACTIVITY NOT INCLUDED ON THE FINANCIAL STATEMENTS \$ -57,868

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

2009**Open To Public
Inspection**Name of the organization **UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION, INC.**Employer identification number
59-2729133**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☐ First-class or charter travel
- ☐ Travel for companions
- ☐ Tax indemnification and gross-up payments
- ☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use
- ☐ Payments for business use of personal residence
- ☐ Health or social club dues or initiation fees
- ☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a is 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**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?**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.

- ☐ Compensation committee
- ☐ Independent compensation consultant
- ☐ Form 990 of other organizations

- ☐ Written employment contract
- ☐ Compensation survey or study
- ☐ 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?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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?**b** Any related organization?

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?**b** Any related organization?

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**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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

UNIVERSITY OF FLORIDA RESEARCH **59-2729133**

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.

Area with horizontal dotted lines for supplemental information.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 on Schedule O (Form 990).

**UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION, INC.**

▶ Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Part I Bond Issues

(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
						Yes	No

Employer identification number
59-2729133

A CAPITAL IMPROVEMENT REVENUE BONDS	59-2729133	VARIOUSNO	08/24/04	35,000,000	CANCER GENETICS BLDG	X	X
B							
C							
D							
E							

Part II Proceeds

1 Total proceeds of issue	A	B	C	D	E
2 Gross proceeds in reserve funds	35,000,000				
3 Proceeds in refunding or defeasance escrows					
4 Other unspent proceeds					
5 Issuance costs from proceeds					
6 Working capital expenditures from proceeds	173,750				
7 Capital expenditures from proceeds					
8 Year of substantial completion	34,826,250				
	2006				
9 Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes
10 Were the bonds issued as part of an advance refunding issue?	X				
11 Has the final allocation of proceeds been made?	X				No
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	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	E
	Yes	No	Yes	No	Yes
2 Are there any lease arrangements with respect to the financed property which may result in private business use?	X				No

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

DAA

Schedule K (Form 990) 2009 **UNIVERSITY OF FLORIDA RESEARCH** 59-2729133**Part III Private Business Use (Continued)**Page **2**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
b Are there any research agreements with respect to the financed property which may result in private business use?		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								
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 government										
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 government										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	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								
2 Is the bond issue a variable rate issue?		X								
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		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								
6 Did the bond issue qualify for an exception to rebate?		X								

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
InspectionName of the organization **UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION, INC.**Employer identification number
59-2729133

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

OTHER COSTS INCURRED FOR UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION ACTIVITIES.

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED

DR. J. BERNARD MACHEN

PO BOX 113150

GAINESVILLE, FL 32611

DR. JOSEPH GLOVER

PO BOX 113175

GAINESVILLE, FL 32611

DR. DAVID S. GUZICK

PO BOX 100014

GAINESVILLE, FL 32610

DR. CAMMY ABERNATHY

PO BOX 116550

GAINESVILLE, FL 32611

DR. JOHN KRAFT

PO BOX 117150

GAINESVILLE, FL 32611

Schedule O (Form 990) 2009

Page 2

Name of the organization

UNIVERSITY OF FLORIDA RESEARCH

Employer identification number

59-2729133

THE HONORABLE JOELEN K. MERKEL

118 MARLIN DRIVE

OCEAN RIDGE, FL 33435

THE HONORABLE CAROLYN K. ROBERTS

115 NE 8TH AVENUE

OCALA, FL 34470

MR. J. EDWARD POPPELL

PO BOX 113100

GAINESVILLE, FL 32611

DR. PAUL J. D'ANIERI

PO BOX 117300

GAINESVILLE, FL 32611

MR. BRIAN HUTCHISON

PO BOX 2650

ALACHUA, FL 32616

DR. JACK PAYNE

PO BOX 110180

GAINESVILLE, FL 32611

MR. MICHAEL V. MCKEE

PO BOX 113200

GAINESVILLE, FL 32611

Name of the organization

UNIVERSITY OF FLORIDA RESEARCH

Employer identification number

59-2729133

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COPY OF FORM 990 WAS SENT VIA EMAIL TO THE GOVERNING BOARD AND
MANAGEMENT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
UNDER PUBLIC RECORDS ON THE UFRF HOME PAGE
[HTTP://WWW.RESEARCH.UFL.EDU/UFRF/PUBLICINFO.HTML](http://www.research.ufl.edu/ufrf/publicinfo.html) WE LIST ALL MEETING
ANNOUNCEMENTS FOR THE PUBLIC PLUS COPIES OF THE LAST THREE YEARS FORM
990S. WE CURRENTLY DO NOT MAKE THE CONFLICT OF INTEREST POLICY AND AUDITED
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THIS PAGE.

SCHEDULE O - ADDITIONAL INFORMATION

ADDITIONAL INFORMATION REGARDING PART VII & SCHEDULE J
THROUGH THE RELATED ORGANIZATION THAT EMPLOYS THEM, THE INDIVIDUALS
REPORTED IN PART VII OF FORM 990 AND IN SCHEDULE J (FORM 990) GENERALLY
PARTICIPATE IN THE FLORIDA RETIREMENT SYSTEM (FRS), A MULTI-EMPLOYER
RETIREMENT SYSTEM CREATED UNDER CHAPTER 121 OF THE FLORIDA STATUTES AND
ADMINISTERED BY THE FLORIDA DIVISION OF RETIREMENT. AS STATED ON THE
WEBSITE OF FRS, IT IS FUNDED BY CONTRIBUTIONS PAID BY EMPLOYERS, BASED ON A
PERCENTAGE OF THE EMPLOYEES' SALARIES. THE RATE OF CONTRIBUTIONS REQUIRED
IS DETERMINED BY AN ACTUARIAL CONSULTING FIRM TO ASSURE COMPLIANCE WITH THE
REQUIREMENTS OF THE CONSTITUTION OF THE STATE OF FLORIDA.
THE INSTRUCTIONS FOR FORM 990 INDICATE THAT PART VII AND SCHEDULE J SHOULD
INCLUDE A REASONABLE ESTIMATE OF THE INCREASE IN THE ACTUARIAL VALUE OF ANY
QUALIFIED OR NONQUALIFIED RETIREMENT ACCRUALS UNDER A DEFINED BENEFIT PLAN.
FRS HAS STATED THAT SUCH INFORMATION CURRENTLY IS NOT AVAILABLE FOR

Name of the organization

UNIVERSITY OF FLORIDA RESEARCH

Employer identification number

59-2729133

PARTICIPANTS IN ITS PLAN. THEREFORE, THE AMOUNTS REPORTED IN PART VII AND SCHEDULE J, AS APPROPRIATE, INCLUDE THE CONTRIBUTION PAID BY THE RELATED ORGANIZATION AS ITS CONTRIBUTION ON BEHALF OF THE NAMED INDIVIDUAL. THIS AMOUNT IS CONSIDERED THE BEST REASONABLE ESTIMATE OF INFORMATION REQUIRED IN THIS FORM 990 AND RELATED SCHEDULES.

FORM 926 ADDITIONAL INFORMATION REQUIRED UNDER REGULATIONS SECTION

1.6038B-1(C) AND TEMPORARY REGULATIONS SECTION 1.6038B-1T (C) (1) THROUGH (5) AND 1.6038B-1T(D) :

(1)FORM 926 NAME OF PARTNERSHIP: ALINDA INFRASTRUCTURE FUND II AIV, LP
#98-0597709

(C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.,
59-2729133, P.O. BOX 1150, GAINESVILLE, FLORIDA 32611-5500

(C) (2) (I) TRANSFER-TRANSFeree INFORMATION-COOPERATIEF INLAND TERMINALS UA,
98-0601039, 150 EAST 58TH STREET, 39TH FLOOR, NEW YORK, NY 10155,

(C) (2) (II) DESCRIPTION OF TRANSFER-CASH

(C) (3) CONSIDERATION RECEIVED-11.8499% OF TRANSFeree ENTITY, THE ESTIMATED
FAIR MARKET VALUE

\$36,517-NO INFORMATION WAS PROVIDED AT TO THE CLASS OR TYPE, AMOUNT, AND
CHARACTERISTICS OF THE INTEREST RECEIVED

C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM
926 AS ATTACHED.

(C) (5) ITEM NOT APPLICABLE

(2)FORM 926 NAME OF PARTNERSHIP FLORIDA HEDGED STRATEGIES FUND LLC
#27-0277727

Name of the organization

UNIVERSITY OF FLORIDA RESEARCH

Employer identification number

59-2729133

(C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.,
59-2729133, P.O. BOX 1150, GAINESVILLE, FLORIDA 32611-5500

(C) (2) (I) TRANSFER-TRANSFeree INFORMATION-ANCHOR POINT CAPITAL COMMODITY
FUND, LTD., SOUTH CHURCH STREET, PO BOX 1234, GRAND CAYMAN KY1-1108
COUNTRY CODE OF COUNTRY OF INCORPORATION -CAYMAN ISLANDS

(C) (2) (II) DESCRIPTION OF TRANSFER-CASH

(C) (3) CONSIDERATION RECEIVED-6.6019% OF TRANSFeree ENTITY, THE ESTIMATED
FAIR MARKET VALUE IS \$858,252-NO INFORMATION WAS PROVIDED AS TO THE CLASS
OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED.

(C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM
926 AS ATTACHED.

(C) (5) ITEM NOT APPLICABLE

(3) FORM 926 NAME OF PARTNERSHIP FL HEDGED STRATEGIES FUND LLC/ FL GLOBAL
EQUITY FUND LLC 27-0277727/27-0276884

(C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.,
59-2729133, P.O. BOX 1150, GAINESVILLE, FLORIDA 32611-5500

(C) (2) (I) TRANSFER-TRANSFeree INFORMATION-EPWORTH, C/O MAPLES CORPORATE
SERVICES LTD., PO BOX 309, GRAND CAYMAN KY1-1104,

COUNTRY CODE OF COUNTRY OF INCORPORATION -CAYMAN ISLANDS

(C) (2) (II) DESCRIPTION OF TRANSFER-CASH

(C) (3) CONSIDERATION RECEIVED-6.6603% OF TRANSFeree ENTITY, THE ESTIMATED
FAIR MARKET VALUE IS \$5,121,859, NO INFORMATION WAS PROVIDED AS TO THE
CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED

(C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM
926 AS ATTACHED.

(C) (5) ITEM NOT APPLICABLE

Name of the organization

UNIVERSITY OF FLORIDA RESEARCH

Employer identification number

59-2729133

(4) FORM 926 NAME OF PARTNERSHIP FLORIDA HEDGED STRATEGIES FUND LLC

#59-2729133

(C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.,

59-2729133, P.O. BOX 1150, GAINESVILLE, FLORIDA 32611-5500

(C) (2) (I) TRANSFER-TRANSFeree INFORMATION-FIR TREE INTERNATIONAL VALUE
FUND, LTD. C/O ADMIRAL ADMINISTRATION LTD., PO BOX 32021 SMB ANCHORAGE,
GRAND CAYMAN

COUNTRY CODE OF COUNTRY OF INCORPORATION -CAYMAN ISLANDS

(C) (2) (II) DESCRIPTION OF TRANSFER-CASH

(C) (3) CONSIDERATION RECEIVED-6.6019% OF TRANSFeree ENTITY, THE ESTIMATED
FAIR MARKET VALUE IS \$924,271, NO INFORMATION WAS PROVIDED AS TO THE CLASS
OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED(C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM
926 AS ATTACHED.

(C) (5) ITEM NOT APPLICABLE

(5) FORM 926 NAME OF PARTNERSHIP FLORIDA GLOBAL EQUITY FUND LLC #27-0276884

(C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.,

59-2729133, P.O. BOX 1150, GAINESVILLE, FLORIDA 32611-5500

(C) (2) (I) TRANSFER-TRANSFeree INFORMATION-KEYWISE GREATER CHINA
OPPORTUNITIES MASTER FUND, C/O WALKER HOUSE, 87 MARY STREET, GRAND CAYMAN
KY1-9002

COUNTRY CODE OF COUNTRY OF INCORPORATION -CAYMAN ISLANDS

(C) (2) (II) DESCRIPTION OF TRANSFER-CASH

(C) (3) CONSIDERATION RECEIVED-6.8264% OF TRANSFeree ENTITY, THE ESTIMATED
FAIR MARKET VALUE IS \$1,023,966, NO INFORMATION WAS PROVIDED AS TO THE

Name of the organization

UNIVERSITY OF FLORIDA RESEARCH

Employer identification number

59-2729133

CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED

(C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED.

(C) (5) ITEM NOT APPLICABLE

(6)FORM 926 NAME OF PARTNERSHIP FLORIDA GLOBAL EQUITY FUND LLC #27-0276884

(C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.,
59-2729133, P.O. BOX 1150, GAINESVILLE, FLORIDA 32611-5500

(C) (2) (I) TRANSFER-TRANSFeree INFORMATION-NOMAD INVESTING COMPANY LTD,
HARBOUR CENTER, GEORGE TOWN, GRAND CAYMAN

COUNTRY CODE OF COUNTRY OF INCORPORATION -CAYMAN ISLANDS

(C) (2) (II) DESCRIPTION OF TRANSFER-CASH

(C) (3) CONSIDERATION RECEIVED-6.8264% OF TRANSFeree ENTITY, THE ESTIMATED FAIR MARKET VALUE IS \$409,586, NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED

(C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED.

(C) (5) ITEM NOT APPLICABLE

(7)FORM 926 NAME OF PARTNERSHIP FLORIDA GLOBAL EQUITY FUND LLC #27-0276884

(C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.,
59-2729133, P.O. BOX 1150, GAINESVILLE, FLORIDA 32611-5500

(C) (2) (I) TRANSFER-TRANSFeree INFORMATION-PERSHING SQUARE INTERNATIONAL,
LTD., C/O GOLDMAN SACHS (CAYMAN) TRUST, PO BOX 896 GEORGE TOWN, GRAND CAYMAN

COUNTRY CODE OF COUNTRY OF INCORPORATION -CAYMAN ISLANDS

(C) (2) (II) DESCRIPTION OF TRANSFER-CASH

Name of the organization	UNIVERSITY OF FLORIDA RESEARCH	Employer identification number	59-2729133
--------------------------	--------------------------------	--------------------------------	------------

(C) (3) CONSIDERATION RECEIVED-6.8264% OF TRANSFEREE ENTITY, THE ESTIMATED FAIR MARKET VALUE IS \$682,644, NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED

(C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED.

(C) (5) ITEM NOT APPLICABLE

(8) FORM 926 NAME OF PARTNERSHIP FLORIDA GLOBAL EQUITY FUND LLC #27-0276884

(C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC., 59-2729133, P.O. BOX 1150, GAINESVILLE, FLORIDA 32611-5500

(C) (2) (I) TRANSFER-PRUSIK ASIA FUND PLC, BROOKLAWN HOUSE, CRAMPTON AVE/SHELBOURNE ROAD, BALLSBRIDGE DUBLIN 4

COUNTRY CODE OF COUNTRY OF INCORPORATION -IRELAND

(C) (2) (II) DESCRIPTION OF TRANSFER-CASH

(C) (3) CONSIDERATION RECEIVED-6.8264% OF TRANSFEREE ENTITY, THE ESTIMATED FAIR MARKET VALUE IS \$136,529, NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED

(C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED.

(C) (5) ITEM NOT APPLICABLE

(9) FORM 926 NAME OF PARTNERSHIP FLORIDA GLOBAL EQUITY FUND LLC #27-0276884

(C) (1) TRANSFEROR-UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC., 59-2729133, P.O. BOX 1150, GAINESVILLE, FLORIDA 32611-5500

(C) (2) (I) TRANSFER-STEELHEAD NAVIGATOR FUND, LTD., C/L CITCO FUND SERVICES (BERMUDA), 8 PAR-LA-VILLE ROAD, HAMILTON HM

COUNTRY CODE OF COUNTRY OF INCORPORATION -BERMUDA

Name of the organization

UNIVERSITY OF FLORIDA RESEARCH

Employer identification number

59-2729133

(C) (2) (II) DESCRIPTION OF TRANSFER-CASH

(C) (3) CONSIDERATION RECEIVED-6.8264% OF TRANSFEREE ENTITY, THE ESTIMATED FAIR MARKET VALUE IS \$1,023,966, NO INFORMATION WAS PROVIDED AS TO THE CLASS OR TYPE, AMOUNT, AND CHARACTERISTICS OF THE INTEREST RECEIVED

(C) (4) PROPERTY TRANSFERRED-CASH-REFER TO INFORMATION IN PART III OF FORM 926 AS ATTACHED.

(C) (5) ITEM NOT APPLICABLE

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**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

2009**Open to Public
Inspection**

Name of the organization **UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION, INC.**

Employer identification number
59-2729133

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
UNIVERSITY OF FLORIDA PO BOX 114000 GAINESVILLE FL 32611 59-6002052	EDUCATION	FL			N/A
UNIVERSITY OF FL INVESTMENT CORP. 4510 NW 6TH PLACE GAINESVILLE FL 32607 20-1226494	INVESTMENT	FL	501C3	5	N/A
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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 (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		1d X
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		1f X
g Purchase of assets from other organization(s)		1g X
h Exchange of assets		1h X
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
j Lease of facilities, equipment, or other assets from other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
l Performance of services or membership or fundraising solicitations by other organization(s)		1l X
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees		1n X
o Reimbursement paid to other organization for expenses		1o X
p Reimbursement paid by other organization for expenses		1p X
q Other transfer of cash or property to other organization(s)		1q X
r Other transfer of cash or property from other organization(s)		1r 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
(1)	UNIVERSITY OF FLORIDA	D	97,866
(2)	UNIVERSITY OF FLORIDA	M	
(3)	UNIVERSITY OF FLORIDA	N	505,606
(4)	UNIVERSITY OF FLORIDA	O	1,967,905
(5)	UNIVERSITY OF FL INVESTMENT CORP.	Q	128,418
(6)	FLORIDA LONG TERM POOL FUND, LP	B	55,589,067

Schedule R (Form 990) 2009

Department of the Treasury
Internal Revenue Service

Name of filing organization

Name of filling organization	UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.

▶ Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI. ▶ See Instructions for Schedule R (Form 990).

▶ See Instructions for Schedule R (Form 990).

UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION, INC.

Employer Identification number

59-2729133

Continuation of Identification of Disregarded Entities

[illegible]

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

[illegible]

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved
(7)	FLORIDA LONG TERM POOL FUND, LP	R	2,755,589
(8)	FLORIDA PRIVATE INVESTMENTS FUND, L	B	6,082,765
(9)	FLORIDA PRIVATE INVESTMENTS FUND, L	R	242,395
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

DAA

Form **926**
(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

Attachment
Sequence No. **128**

▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.	Identifying number (see instructions) 59-2729133
--	--

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ Nob Did the transferor remain in existence after the transfer? ☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☐ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
ALINDA INFRASTRUCTURE FUND II AIV, L	98-0597709

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ Noc Is the partner disposing of its entire interest in the partnership? ☐ Yes ☒ Nod Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) COOPERATIEF INLAND TERMINALS UA	4 Identifying number, if any 98-0601039
--	---

5 Address (including country)

**150 E 58TH STREET, 39TH FLOOR C/O ALINDA CAPITAL PARTNER
NEW YORK NY NL 10155**

6 Country code of country of incorporation or organization (see instructions)

NL

7 Foreign law characterization (see instructions)

CORPORATION8 Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2008)

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	07/01/09		36,517		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:(a) Before _____ % (b) After 11.850 %**10** Type of nonrecognition transaction (see instructions) **► IRC SEC 351****11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____**16** Was cash the only property transferred? ☒ Yes ☐ No**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form **926**
(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

Attachment
Sequence No. **128**

▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor

**UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION, INC.**

Identifying number (see instructions)

59-2729133

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by
5 or fewer domestic corporations? ☐ Yes ☐ No

b Did the transferor remain in existence after the transfer? ☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent
corporation? ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☐ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367),
complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
FLORIDA HEDGED STRATEGIES FUND LLC	27-0277727

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

c Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established
securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation)

ANCHOR POINT CAPITAL COMMODITY FUND

4 Identifying number, if any

5 Address (including country)

**SOUTH CHURCH STREET
GRAND CAYMAN KY**

PO BOX 1234**CJ 11108**

6 Country code of country of incorporation or organization (see instructions)

CJ

7 Foreign law characterization (see instructions)

EXEMPT CORPORATION8 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2008)

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	05/26/10		858,252		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:(a) Before _____ % (b) After **6.602** %**10** Type of nonrecognition transaction (see instructions) ► **IRC SEC 351****11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____**16** Was cash the only property transferred? ☒ Yes ☐ No**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form **926**
(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

Attachment
Sequence No. **128**

▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor

**UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION, INC.**

Identifying number (see instructions)

59-2729133**1** If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by
5 or fewer domestic corporations? ☐ Yes ☐ No

b Did the transferor remain in existence after the transfer? ☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent
corporation? ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☐ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367),
complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
FL HEDGED STRATEGIES FUND LLC	27-0277727

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

c Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established
securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)**3** Name of transferee (foreign corporation)**EPWORTH****4** Identifying number, if any**98-0585921****5** Address (including country)

**C/O MAPLES CORPORATE SERVICES LTD P.O. BOX 309
GRAND CAYMAN KY CJ 11104**

6 Country code of country of incorporation or organization (see instructions)**CJ****7** Foreign law characterization (see instructions)**CAYMAN ISLANDS****8** Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2008)

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	07/01/09		5,121,859		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:(a) Before _____% (b) After 6.660%**10** Type of nonrecognition transaction (see instructions) ► **IRC SEC 351****11** Indicate whether any transfer reported in Part III is subject to any of the following:

a	Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c	Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d	Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following:

a	Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c	Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d	Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____**16** Was cash the only property transferred? ☒ Yes ☐ No**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

926
Form
(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

Attachment
Sequence No. **128**

▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor

**UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION, INC.**

Identifying number (see instructions)

59-2729133

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by
5 or fewer domestic corporations? ☐ Yes ☐ No

b Did the transferor remain in existence after the transfer? ☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent
corporation? ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☐ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367),
complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
FL HEDGED STRATEGIES FUND, LLC	27-0277727

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ Noc Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established
securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation)

FIR TREE INTERNATIONAL VALUE FUND,

4 Identifying number, if any

5 Address (including country)

**C/O ADMIRAL ADMINISTRATION LTD PO BOX 32021, SMB ANCHORAGE
GRAND CAYMAN CJ**

6 Country code of country of incorporation or organization (see instructions)

CJ

7 Foreign law characterization (see instructions)

EXEMPT CORPORATION8 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2008)

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/01/09		924,271		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:(a) Before _____% (b) After 6.602%**10** Type of nonrecognition transaction (see instructions) ► **IRC SEC 351****11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____**16** Was cash the only property transferred? ☒ Yes ☐ No**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form **926**
(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

Attachment
Sequence No. **128**

▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.	Identifying number (see instructions) 59-2729133
--	--

1 If the transferor was a corporation, complete questions 1a through 1d.**a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No**b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☐ No**2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.**a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
FL GLOBAL EQUITY FUND LLC	27-0276884

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No**c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No**d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) KEYWISE GREATER CHINA OPPORTUNITIES	4 Identifying number, if any
---	-------------------------------------

5 Address (including country) C/O WALKER HOUSE GRAND CAYMAN KY CJ 19002	87 MARY STREET
--	-----------------------

6 Country code of country of incorporation or organization (see instructions)
CJ**7** Foreign law characterization (see instructions)
EXEMPT CORPORATION**8** Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2008)

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	07/21/09		1,023,966		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:(a) Before _____ % (b) After 6.826 %**10** Type of nonrecognition transaction (see instructions) ► **IRC SEC 351****11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____**16** Was cash the only property transferred? ☒ Yes ☐ No**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form **926**
(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.	Identifying number (see instructions) 59-2729133
--	--

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?

☐ Yes ☐ No
☒ Yes ☐ No

b Did the transferor remain in existence after the transfer?

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?

☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made?

☐ Yes ☐ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
FL GLOBAL EQUITY FUND LLC	27-0276884

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?

☐ Yes ☒ No

c Is the partner disposing of its entire interest in the partnership?

☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?

☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) NOMAD INVESTING COMPANY LTD	4 Identifying number, if any
--	------------------------------

5 Address (including country)
HARBOUR CENTER **GEORGE TOWN**
GRAND CAYMAN **CJ**

6 Country code of country of incorporation or organization (see instructions)
CJ

7 Foreign law characterization (see instructions)
EXEMPT CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation?

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2008)

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	11/30/09		409,586		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:(a) Before _____ % (b) After **6.826** %**10** Type of nonrecognition transaction (see instructions) ► **IRC SEC 351****11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____**16** Was cash the only property transferred? ☒ Yes ☐ No**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form **926**
(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

Attachment
Sequence No. **128**

▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor

**UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION, INC.**

Identifying number (see instructions)

59-2729133**1** If the transferor was a corporation, complete questions 1a through 1d.
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by
5 or fewer domestic corporations?

☐ Yes ☐ No
☒ Yes ☐ No

b Did the transferor remain in existence after the transfer?

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent
corporation?

☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made?

☐ Yes ☐ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367),
complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
FL GLOBAL EQUITY FUND LLC	27-0276884

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?

☐ Yes ☒ No

c Is the partner disposing of its **entire** interest in the partnership?

☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established
securities market?

☐ Yes ☒ No
Part II Transferee Foreign Corporation Information (see instructions)**3** Name of transferee (foreign corporation)**PERSHING SQUARE INTERNATIONAL, LTD****4** Identifying number, if any**5** Address (including country)
**C/O GOLDMAN SACHS (CAYMAN) TRUST PO BOX 896 GEORGE TOWN
GRAND CAYMAN CJ**
6 Country code of country of incorporation or organization (see instructions)**CJ****7** Foreign law characterization (see instructions)**EXEMPT CORPORATION****8** Is the transferee foreign corporation a controlled foreign corporation?
☐ Yes ☒ No

For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2008)

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	09/30/09		682,644		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:(a) Before _____ % (b) After **6.826** %**10** Type of nonrecognition transaction (see instructions) **► IRC SEC 351****11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____**16** Was cash the only property transferred? ☒ Yes ☐ No**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form **926**
(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

Attachment
Sequence No. **128**

▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor

**UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION, INC.**

Identifying number (see instructions)

59-2729133**1** If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by
5 or fewer domestic corporations? ☐ Yes ☐ No

b Did the transferor remain in existence after the transfer? ☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent
corporation? ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☐ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367),
complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
FL GLOBAL EQUITY FUND LLC	27-0276884

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

c Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established
securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)**3** Name of transferee (foreign corporation)**PRUSIK ASIA FUND PLC****4** Identifying number, if any**5** Address (including country)

**BROOKLAWN HOUSE, CRAMPTON AVE SHELBOURNE ROAD,
BALLSBRIDGE DUBLIN EI**

6 Country code of country of incorporation or organization (see instructions)**EI****7** Foreign law characterization (see instructions)**EXEMPT CORPORATION****8** Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2008)

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	02/03/10		136,529		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before _____% (b) After **6.826**%

10 Type of nonrecognition transaction (see instructions) ► **IRC SEC 351**

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____

16 Was cash the only property transferred? ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form **926**
(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

Attachment
Sequence No. **128**

▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.	Identifying number (see instructions) 59-2729133
--	--

- 1 If the transferor was a corporation, complete questions 1a through 1d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No
- b Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☐ No
- 2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
FL GLOBAL EQUITY FUND LLC	27-0276884

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) STEELHEAD NAVIGATOR FUND, LTD.	4 Identifying number, if any
5 Address (including country) C/O CITCO FUND SERVICES (BERMUDA) 8 PAR-LA-VILLE ROAD HAMILTON HM BD	
6 Country code of country of incorporation or organization (see instructions) BD	

- 7 Foreign law characterization (see instructions)
EXEMPT CORPORATION

- 8 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2008)

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	11/02/09		1,023,966		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)**9** Enter the transferor's interest in the foreign transferee corporation before and after the transfer:(a) Before _____% (b) After 6.826%**10** Type of nonrecognition transaction (see instructions) ► **IRC SEC 351****11** Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No**13** Indicate whether the transferor was required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T for any of the following:

a Tainted property	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Depreciation recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Branch loss recapture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Any other income recognition provision contained in the above-referenced regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No**15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No**b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____**16** Was cash the only property transferred? ☒ Yes ☐ No**17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No**b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form 8868 (Rev. 1-2011)

- 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 FLORIDA RESEARCH FOUNDATION, INC.
File by the extended due date for filing your return. See instructions.	Employer identification number 59-2729133
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 115500
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GAINESVILLE FL 32611-5500

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.

- The books are in the care of **GEORGE KOLB**
Telephone No. **352-392-5221** 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 **05/15/11**.
- 5 For calendar year **07/01/09**, or other tax year beginning **07/01/09**, and ending **06/30/10**.
- 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
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

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	\$
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	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

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 *Del G Painter* Title *C.P.A. audit Partner* Date *2/9/2011*
Form **8868** (Rev. 1-2011)

Form **8868**

(Rev. April 2009)

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.**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.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.	Employer identification number 59-2729133
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 115500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GAINESVILLE FL 32611-5500	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **FRANK P. WARD**

Telephone No. ► **352-392-5221** 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 will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/11**, 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 **07/01/09**, and ending **06/30/10**.

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

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.

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

Form **8868** (Rev. 4-2009)

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

University of Florida Research
P.O. Box 115500

Gainesville, FL 32611-5500

- [X] Your Form 8868, Application for Extension of Time to File an Exempt Organization Return for tax year June 30, 2010 is being filed electronically with the IRS by the services of Purvis, Gray & Company.
- [X] Your extension was accepted by the IRS on 11/12/10 and the Submission Identification Number assigned to your return is 59536720103160632641.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Acknowledgement Process

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

Filing Instructions

University of Florida Research Foundation, Inc.

Exempt Organization Business Tax Return

Taxable Year Ended June 30, 2010

Date Due: May 16, 2011

Remittance: None is required. Your Form 990-T for the tax year ended 06/30/10 shows no balance due.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404

Signature: The return should be signed and dated on Page 2 by an officer representing the organization.

Other: Initial and date the copy of the return, and retain it for your records.

Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))For calendar year 2009 or other tax year beginning **07/01/09**, and
ending **06/30/10** . ▶ See separate instructions.

OMB No. 1545-0687

2009Open to Public Inspection
for 501(c)(3) Organizations Only**A** ☐ Check box if
address changed**B** Exempt under section☒ 501(**C**) (**3**)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)Print
or
TypeName of organization (☐ Check box if name changed and see instructions.)**UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION, INC.**

Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.

P.O. BOX 115500

City or town, state, and ZIP code

GAINESVILLE**FL 32611-5500****D** Employer identification number(Employees' trust, see instructions for Block D
on page 9.)**59-2729133****E** Unrelated business activity codes

(See instructions for Block E on page 9.)

541900**C** Book value of all assets
at end of year**147,367,765****F** Group exemption number (See instructions for Block F on page 9.) ▶**G** Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Describe the organization's primary unrelated business activity.▶ **OTHER PROFESSIONAL TECHNICAL SERVICES****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.**J** The books are in care of ▶ **GEORGE C. KOLB, JR.**Telephone number ▶ **352-392-5221****Part I Unrelated Trade or Business Income**

(A) Income

(B) Expenses

(C) Net

1a Gross receipts or sales			
b Less returns and allowances		c Balance	1c
2 Cost of goods sold (Schedule A, line 7)			2
3 Gross profit. Subtract line 2 from line 1c			3
4a Capital gain net income (attach Schedule D)			4a
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b
c Capital loss deduction for trusts			4c
5 Income (loss) from partnerships and S corporations (attach statement) SEE STMT 1	-57,868		-57,868
6 Rent income (Schedule C)			6
7 Unrelated debt-financed income (Schedule E)			7
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			8
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9
10 Exploited exempt activity income (Schedule I)			10
11 Advertising income (Schedule J)			11
12 Other income (See page 10 of the instructions; attach schedule.)			12
13 Total. Combine lines 3 through 12	-57,868		-57,868

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See page 13 of the instructions for limitation rules.)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	0
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	
29 Total deductions. Add lines 14 through 28		29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-57,868
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-57,868
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		33	1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-57,868

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$	
c Income tax on the amount on line 34	35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
37 Proxy tax. See page 16 of the instructions	37
38 Alternative minimum tax	38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see page 16 of the instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other	42	
43 Total tax. Add lines 41 and 42	43	0
44a Payments: A 2008 overpayment credited to 2009	44a	
b 2009 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	44f	
45 Total payments. Add lines 44a through 44f	45	
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional sec. 263A costs (attach sch.)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

TAXPAYER'S COPY

Signature of officer

Date

Title

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

Paid Preparer's Use Only

Preparer's signature

ORIGINAL RETURN SIGNED BY: HELEN Y. PAINTER, C.P.A.

Date

Check if self-employed ☐Preparer's SSN or PTIN **P00414072**

Firm's name (or yours if self-employed), address, and ZIP code

**PURVIS, GRAY & COMPANY
2347 SE 17TH STREET
OCALA, FL 34471**EIN **59-0548468**Phone no **352-732-3872**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 18)

1. Description of property(1) **N/A**

(2)

(3)

(4)

2. Rent received or accrued**(a)** From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)**3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

(1)

(2)

(3)

(4)

Total

Total

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B) ▶

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶**Schedule E – Unrelated Debt-Financed Income** (see instructions on page 19)**1. Description of debt-financed property****2. Gross income from or allocable to debt-financed property****3. Deductions directly connected with or allocable to debt-financed property****(a)** Straight line depreciation (attach schedule)**(b)** Other deductions (attach schedule)(1) **N/A**

(2)

(3)

(4)

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)**5.** Average adjusted basis of or allocable to debt-financed property (attach schedule)**6.** Column 4 divided by column 5**7.** Gross income reportable (column 2 x column 6)**8.** Allocable deductions (column 6 x total of columns 3(a) and 3(b))

(1)

(2)

(3)

(4)

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

Totals ▶**Total dividends-received deductions** included in column 8 ▶**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions on page 20)**1. Name of controlled organization****2. Employer identification number****Exempt Controlled Organizations****3.** Net unrelated income (loss) (see instructions)**4.** Total of specified payments made**5.** Part of column 4 that is included in the controlling organization's gross inc.**6.** Deductions directly connected with income in column 5(1) **N/A**

(2)

(3)

(4)

Nonexempt Controlled Organizations**7. Taxable Income****8.** Net unrelated income (loss) (see instructions)**9.** Total of specified payments made**10.** Part of column 9 that is included in the controlling organization's gross income**11.** Deductions directly connected with income in column 10

(1)

(2)

(3)

(4)

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Form 990-T (2009) **UNIVERSITY OF FLORIDA RESEARCH** 59-2729133Page **4****Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions on page 21)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) N/A						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T	Tax Computation Worksheet	2009
For calendar year 2009, or tax year beginning 07/01/09 , and ending 06/30/10		
Name UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.		Employer Identification Number 59-2729133

Controlled Group

- | | | |
|--|-----|----------------|
| 1. Unrelated business taxable income | 1. | _____ |
| 2. Line 1 or share of \$50,000 bracket, whichever is less | 2. | _____ |
| 3. Subtract line 2 from line 1 | 3. | _____ |
| 4. Line 3 or share of \$25,000 bracket, whichever is less | 4. | _____ |
| 5. Subtract line 4 from line 3 | 5. | _____ |
| 6. Line 5 or share of \$9,925,000 bracket, whichever is less | 6. | _____ |
| 7. Subtract line 6 from line 5 | 7. | _____ |
| 8. 15% of line 2, not less than zero | 8. | _____ |
| 9. 25% of line 4, not less than zero | 9. | _____ |
| 10. 34% of line 6, not less than zero | 10. | _____ |
| 11. 35% of line 7, not less than zero | 11. | _____ |
| 12. Member's share of additional .05% tax | 12. | _____ |
| 13. Member's share of additional .03% tax | 13. | _____ |
| 14. Tax (Add lines 8 through 13) | 14. | _____
_____ |

Proxy Tax

- | | | |
|---|----|----------------|
| 1. Dues, assessments, and similar amounts from members | 1. | _____ |
| 2. Section 162(e) lobbying and political expenditures | 2. | _____ |
| 3. Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 3. | _____ |
| 4. Taxable amount of lobbying and political expenditures (Subtract lines 3 and 6 from the lesser of lines 1 or 2) | 4. | _____ |
| 5. Proxy tax (35% of line 4) | 5. | _____
_____ |
| 6. Excess lobbying expenditures - carryover to next year | 6. | _____
_____ |

Schedule E - Unrelated Debt-Financed IncomeForm **990-T****2009**For calendar year 2009, or tax year beginning **07/01/09**, and ending **06/30/10**

Name

**UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION, INC.**

Employer Identification Number

59-2729133

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
(5)		%		
(6)		%		
(7)		%		
(8)		%		
(9)		%		
(10)		%		
(11)		%		
(12)		%		
(13)		%		
(14)		%		
(15)		%		

Form 990-T	Schedule F - Income from Controlled Organizations	2009
For calendar year 2009, or tax year beginning 07/01/09 , and ending 06/30/10		

Name

**UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION, INC.**

Employer Identification Number

59-2729133

Employer identification number Name of Controlled Organization	Exempt Controlled Organizations			
	3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of col. (4) that is incl. in controlling org. gross income	6 Deductions directly connected with income in column (5)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				

Nonexempt Controlled Organizations				
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column (9) that is included in controlling organization's gross income	11 Deductions directly connected with income in column (10)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				

Federal Statements**Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
K-1 ACTIVITY NOT ON FIN STMTS	\$ -57,868	\$	\$ -57,868
TOTAL	\$ -57,868	\$ 0	\$ -57,868

University of Florida Research Foundation, Inc.
Form 990-T
FYE 06/30/2010
EIN – 59-2729133

Memo to Return

Please be advised that the information included in the initial filing of Form 990-T includes the net losses derived from Unrelated Business Income which was provided by information on the respective K-1s. Form 990-T required information for gross revenues and gross expenses from unrelated business activities. That information was not available on the K-1s and a net amount only was provided.

Year Ending: June 30, 2010

59-2729133

University of Florida Research Foundation, Inc.
PO Box 115500
Gainesville, FL 32611-5500

NOL Carryback Election
Form 990-T Part II, Line 30

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire two year carryback period with respect to any regular tax and AMT net operating loss incurred during the current tax year.

SC 34 201006 670
201049 088541

5944
32611

K
IRS USE ONLY

29404-324-62877-0
592729133

A0114588 211A
TE 3



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

For assistance, call:
1-877-829-5500

RGPUFRI
BUSINESS OFFICE
P.O. BOX 115500
Notice Number: CP211A
Date: December 20, 2010

050713.802375.0196.004 1 AB 0.360 375



2011 JAN -3 P

Taxpayer Identification Number:

39-579133

Tax Form: 990T

Tax Period: June 30, 2010



UNIVERSITY OF FLORIDA RESEARCH
FOUNDATION INC
PO BOX 115500
GAINESVILLE FL 32611-5500007

050713

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **May 15, 2011**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

Form **8868**

(Rev. April 2009)

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 ☐
- 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.**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.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.	Employer identification number 59-2729133
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 115500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GAINESVILLE FL 32611-5500	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **FRANK P. WARD**

Telephone No. ► **352-392-5221** 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 will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **05/15/11**, 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 **07/01/09**, and ending **06/30/10**.

- 2 If this tax year 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 or 990-T, 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, or, if required, deposit with FTD coupon or, 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-EQ and Form 8879-EQ for payment instructions.

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

Form **8868** (Rev. 4-2009)