EXTENDED TO MAY 17, 2021 Form 990-T **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) and ending JUN 30 For calendar year 2019 or other tax year beginning JUL 1, 2019 ► Go to www.irs gov/Form990T for instructions and the latest information Department of Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Name of organization (____ Check box if name changed and see instructions) Check box if address changed UNIVERSITY OF WEST FLORIDA instructions) 59-6166292 FOUNDATION INC Exempt under section Print E Unrelated business activity code X 501(C6)3 10 Number, street, and room or suite no. If a P O box, see instructions (See instructions.) Type 11000 UNIVERSITY PKWY BLDG 12 408(e) 220(e) City or town, state or province, country, and ZIP or foreign postal code 1408A | 530(a) 900099 32514-5732 PENSACOLA, FL 529(a) C Book value of all assets F Group exemption number (See instructions) 164, 565, 433. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here **SEE STATEMENT 1** If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of DANIEL LUCAS Telephone number \blacktriangleright 850-474-3380 Part⊪ Unrelated Trade or Business Income (A) Income (B) Expenses Gross receipts or sales Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 3 Gross profit Subtract line 2 from line 1c Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 @A-51 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (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 Advertising income (Schedule J) 11 11 STATEMENT 2 6,384 12 Other income (See instructions; attach schedule) 12 6,384. 6,384 Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Part II (Deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 15 Salaries and wages 16 Repairs and maintenance 16 17 Bad debts 17 18 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 21 22 Depletion 22 23 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 Excess exempt expenses (Schedule I) 25 25 Excess readership costs (Schedule J) 26 26 Other deductions (attach schedule) 27 27 0. Total deductions Add lines 14 through 27 28 28 6.384. Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 30 SEE STATEMENT 3 (see instructions) 6 384 31 Unrelated business taxable income Subtract line 30 from line 29

	T(2019) UNIVERSITY OF WEST FLORIDA FOR INCOME	OUNDATION INC		59-6166	292	Page 2
Part			\longrightarrow	-1	<i>C</i> 3	0.4
	Total of unrelated business taxable income computed from all unrelated	trades or businesses (see instructions)	V	32	6,3	84.
	Amounts paid for disallowed fringes		-	33		
	Charitable contributions (see instructions for limitation rules)		5	34	<u> </u>	0.
	Total unrelated business taxable income before pre-2018 NOLs and spec			35	6,3	
36 [Deduction for net operating loss arising in tax years beginning before Ja	inuary 1, 2018 (see instructions) STMT	40	36	6,3	84.
37	Total of unrelated business taxable income before specific deduction. Su	ubtract line 36 from line 35		37		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for ex	ceptions)	8	38	1,0	00.
39 l	Unrelated business taxable income Subtract line 38 from line 37. If li	ne 38 is greater than line 37,		∜		
	enter the smaller of zero or line 37			39		0.
Part	IV Tax Computation					
40 (Organizations Taxable as Corporations Multiply line 39 by 21% (0.21))	▶ .	40		0.
41 1	Trusts Taxable at Trust Rates See instructions for tax computation. In	come tax on the amount on line 39 from:	ļ			
	Tax rate schedule or Schedule D (Form 1041)		▶ .	41		
42 F	Proxy tax See instructions		▶	42		
43	Alternative minimum tax (trusts only)		[43		
44 7	Tax on Noncompliant Facility Income See instructions		Ī	44		
45 1	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		ſ	45		0.
Part '	V Tax and Payments					
46a F	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1	116) 46a		1		
	Other credits (see instructions)	46b				
	General business credit. Attach Form 3800	46c				
•	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d				
	Total credits. Add lines 46a through 46d	1 100		460		
	Subtract line 46e from line 45		t	46e		0.
		5 0007	}	47		<u> </u>
		Form 8697 Form 8866 Other (attach so	hedule)	48		
	Total tax. Add lines 47 and 48 (see instructions)		}	49		0.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, (1 1		50		0.
	Payments: A 2018 overpayment credited to 2019	51a				
	2019 estimated tax payments		\longrightarrow			
c T	Tax deposited with Form 8868	51c				
d F	Foreign organizations: Tax paid or withheld at source (see instructions)	51d				
e E	Backup withholding (see instructions)	51e				
fC	Credit for small employer health insurance premiums (attach Form 8941	51f				
g (Other credits, adjustments, and payments: Form 2439			ļ		
	Form 4136 Other	Total ▶ 51g				
52 T	Total payments Add lines 51a through 51g		L	52		
53 E	Estimated tax penalty (see instructions). Check if Form 2220 is attached	▶ □	L	53		
54 T	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter am	ount owed	▶	54		
55 (Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, e	nter amount overpaid	▶□	55		
56 E	Enter the amount of line 55 you want: Credited to 2020 estimated tax	Refunded	▶	56		
Part \						
57 A	At any time during the 2019 calendar year, did the organization have an	interest in or a signature or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country?					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Ye					l i
	here > CAYMAN ISLANDS	o, charant or the following found y			Х	
	During the tax year, did the organization receive a distribution from, or w	use it the granter of or transferor to a foreign trust			 ^	Х
	If "Yes," see instructions for other forms the organization may have to file				<u> </u>	
59E	Enter the amount of tax-exempt interest received or accrued during the t Under penalties of perjury, I declare that I have examined this return, including a		v knowlede	e and helief it is tru		
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on	all information of which preparer has any knowledge	, knowledg	o and bener, it is tru		
Here	مل المعال		Мау	the IRS discuss the	s return w	rith
	Standard of officer Date	OFFICER Tule		preparer shown belo		¬ I
				ructions)? X Y	es	No
	Print/Type preparer's name Preparer's signat	1 1	ıf	PTIN		
Paid		self- em	ıployed			
Prepa		RPHY, CPA 05/11/21		P00985		
Use (Only Firm's name > SALTMARSH, CLEAVELANI		EIN 🟲	<u>59-292</u>	216	9
	900 NORTH 12TH AVE					
_	Firm's address ► PENSACOLA, FL 3250	1 Phone	no 85	<u> 50-435-8</u>		
923711 01	1-27-20			Form 9	90-T	(2019)

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				<u>.</u>						
Schedule A - Cost of Goods Sold.	Enter	method of invent	ory v	aluation > N/A				т		
1 Inventory at beginning of year 1			6	Inventory at end of yea	r		6_			
2 Purchases 2			7	Cost of goods sold Su	ıbtract l	ine 6		•		
3 Cost of labor 3]	from line 5. Enter here	and in F	Part I,				
4 a Additional section 263A costs				line 2			7			
(attach schedule) 4a	_		8	Do the rules of section	263A (\	with respect to			Yes	No
b Other costs (attach schedule) 4b				property produced or a	cquired	for resale) apply to				
5 Total Add lines 1 through 4b 5				the organization?	4.0					
Schedule C - Rent Income (From I	Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)			
(see instructions)										
1 Description of property										
(1)				•	_				-	
(2)			•						-	
(3)									_	
(4)										
	nt receiv	ed or accrued	-	-					•	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)		of rent for pe	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a		ted with the inco attach schedule)		
(1)										
(2)										
(3)					-					
(4)										
Total	0.	Total			0.					
(c) Total income Add totals of columns 2(a) and 2	2(b) En	ter				(b) Total deductions				
here and on page 1, Part I, line 6, column (A)		>			0.	Enter here and on page 1, Part I, line 6, column (B)	>			0.
Schedule E - Unrelated Debt-Fina	nced	Income (see)	nstru	ctions)						
			١,	Gross income from		3 Deductions directly con to debt-finance				
1 - Donard and district and a second			'	or allocable to debt-	(a)	Straight line depreciation	700 5105	(b) Other ded	uctions	
Description of debt-financed prop	erty			financed property	\-,	(attach schedule)		(attach sche		
(1)			<u> </u>							
(2)	_									
(3)										
(4)			ļ							
debt on or allocable to debt-financed	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8 Allocable di column 6 x total 3(a) and	of colu	
(1)				%%						
(2)				%						
(3)				%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A)		Enter here and or Part I, line 7 col		
Totals				▶		0				0.

Total dividends-received deductions included in column 8

Schedule F - Interest, A			t Controlled C			(300	instruction	3/
1 Name of controlled organizati	on 2 Em identifi num	cation (loss) (s	unrelated income see instructions)	4 Tot payr	al of specified ments made	5 Part of colum included in the coorganization's gro	ontrolling	6 Deductions directly connected with income in column 5
(1)	_				<u>.</u>	_		
(2)								
(3)				ļ				
(4)								·· ····· · <u> </u>
Nonexempt Controlled Organiz	· · · · · · · · · · · · · · · · · · ·							· <u> </u>
7 Taxable Income	Net unrelated incon (see instruction:	ne (loss) 9. To	tal of specified pay made	ments		nn 9 that is include ng organization's income		ductions directly connected income in column 10
(1)								
(2)	1							
(3)								
(4)					 			
					Enter here and	ns 5 and 10 on page 1, Part I, olumn (A)		ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals				▶		0		0.
Schedule G - Investment		Section 501(c)	(7), (9), or (17) Org	anization			
(see instr	uctions)			l	3. Deduction			5 Total deductions
1 Descr	ription of income		2 Amount of	income	directly connection (attach schedu	ted 4	Set-asides ch schedule)	and set-asides (col 3 plus col 4)
(1)								
(2)		=-						-
(3)								
(4)			Enter here and Part I, line 9, co					Enter here and on page 1, Part I, line 9, column (B)
Timb			arti, iiie s, co	0.				0.
Schedule I - Exploited I	•	Income, Othe	er Than Adv		g Income			0.
	,	^ -	4 Net incor	ne (loss)				7 -
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	from unrelated business (co minus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5 Gross incorfrom activity the is not unrelate business incorfred.	nat attri	Expenses butable to olumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)	_							
(3)								
(4)								
	Enter here and on page 1, Part I,	Enter here and on page 1, Part I,		•				Enter here and on page 1
	line 10 col (A)	line 10 col (B)	_ =		<u> </u>			Part II line 25
Totals	0.	0	•		•			<u> </u>
Schedule J - Advertisin		nstructions)	1:-1-41	D !-				
Part I Income From F	Periodicals Repo	orted on a Col	nsolidated	Basis				
1 Name of periodical	2 Gross advertising income	3 Direct advertising cost	or (loss) (c ts col 3) If a g	tising gain ol 2 minus ain, compute nrough 7	5 Circulati		eadership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)		~		٠				
(4)			`					
Totals (carry to Part II, line (5))) .	0.					0.

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Part II	Inco	me From	Periodicals	Reported	on a S	Separate i	Basis	(For each periodical	listed in Part	II, fill in
	colún	nns 2 through	7 on a line-by-li	ne hasis l						

Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (cot 2 minus cot 3) If a gain, compute cots 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)							
(2)							
(3)			,		-		
(4)							
Totals from Part I		0.	0.			网络发生的	0
		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 26
Totals, Part II (lines 1-5)	•	0.	0.	Topic of the transfer of the			0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2019)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1

INVESTMENTS IN PARTNERSHIPS & RENTAL REAL ESTATE

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
HARBERT US REAL ESTATE FUND V LP HARBERT US REAL ESTATE FUND VI L STEPSTONE PIONEER CAPITAL III LP	P	120. 93. 6,171.
TOTAL TO FORM 990-T, PAGE 1, LIN	E 12	6,384.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	3,176.	0.	3,176.	3,176.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	3,176.	3,176.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/10	8,840.	6,607.	2,233.	2,233.
06/30/11	5,278.	0.	5,278.	5,278.
06/30/12	530.	0.	530.	530.
06/30/13	10,950.	0.	10,950.	10,950.
06/30/16	3,315.	0.	3,315.	3,315.
06/30/17	3,499.	0.	3,499.	3,499.
06/30/18	762.	0.	762.	762.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	26,567.	26,567.