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www.crowe.com

July 15, 2020

BRAD STRICKLIN
UCF Athletics Association Inc
4465 Knights Victory Way
Orlando, FL 32816

Dear Brad:

Enclosed are the original and client copies of the following returns for the year ended June 30, 2019:

- Return of Organization Exempt from Income Tax (Form 990)
- Exempt Organization Business Income Tax Return (Form 990-T)
- Florida Corporate Income/Franchise and Emergency Excise Tax (Form F-1120)

The Form 990 has been electronically filed with the Internal Revenue Service. The Form 990-T and Form F-1120 have been paper filed with the Internal Revenue Service and Florida Department of Revenue respectively on your behalf.

Enclosed is a copy of the Form 990 to be provided to those individuals requesting to review or obtain a copy of the tax return. The public disclosure and inspection requirements mandate that the annual information returns (Form 990) be available for inspection for three years after the later of the due date of the return or the date the return is filed. It is also required that the original Application for Exemption (Form 1023) and the IRS letter that grants the organization its exempt status be available for inspection. Copies of these documents are required to be provided to any individual upon written or in-person request without charge, other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with the public inspection requirements.

It is understood that you have provided us with the basic information required for preparation of the return. The tax laws provide that the obligation of a preparer is based only on information of which the preparer has knowledge. Accordingly, the completeness and accuracy of the information you provide us remain the responsibility of your management. You have final and full responsibility for the income tax returns and therefore should review them carefully before signing. You must retain the documentation that supports the filed return. We understand that your staff is responsible for all other tax returns not included here, such as payroll, property, and sales tax returns.

We recommend that these returns be sent certified mail, return receipt requested, in order to document the timely filing of the returns.

Any tax advice expressed in this communication by Crowe LLP should not be construed as a formal tax opinion unless expressly stated. If you have any questions regarding the enclosed forms or the filing procedures, please call me at 954-202-8601.

Sincerely,

A handwritten signature in black ink that reads "Brittny Kocaj".

BRITTNEY KOCAJ

Enclosures

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 20 19

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization UCF ATHLETICS ASSOCIATION INC
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 4465 KNIGHTS VICTORY WAY
 City or town, state or province, country, and ZIP or foreign postal code
 ORLANDO, FL 32816

D Employer identification number
56-2334448

E Telephone number
(407) 823-3213

F Name and address of principal officer: DANIEL WHITE
 PO BOX 163555, ORLANDO, FL 32816-3555

G Gross receipts \$ 63,811,499

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

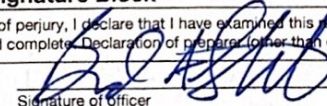
J Website: ▶ [HTTP://WWW.UCFKNIGHTS.COM/](http://WWW.UCFKNIGHTS.COM/)

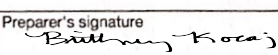
K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 2003 **M** State of legal domicile: FL

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO POSITIVELY TRANSFORM THE LIVES OF OUR STUDENTS ACADEMICALLY, ATHLETICALLY, AND PERSONALLY THROUGH A NATIONALLY COMPETITIVE INTERCOLLEGIATE ATHLETICS PROGRAM THAT ENHANCES THE REPUTATION AND VISIBILITY OF THE UNIVERSITY.		
	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	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	330
	6 Total number of volunteers (estimate if necessary)	6	45
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,464,792
b Net unrelated business taxable income from Form 990-T, line 38	7b	(1,690,451)	
Revenue	8 Contributions and grants (Part VIII, line 1h)	9,373,609	9,485,702
	9 Program service revenue (Part VIII, line 2g)	47,613,980	54,265,219
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,023,881	(17,700)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,011,470	63,733,221
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,838,863	10,149,325
	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)	19,389,024	20,125,761
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,891,455		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27,882,272	33,398,689
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	56,110,159	63,673,775	
19 Revenue less expenses. Subtract line 18 from line 12	3,901,311	59,446	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 26,875,014	End of Year 28,744,695
	21 Total liabilities (Part X, line 26)	19,230,080	20,343,172
	22 Net assets or fund balances. Subtract line 21 from line 20	7,644,934	8,401,523

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

Sign Here
 Signature of officer: 
 Date: 7/15/20
 BRAD STRICKLIN, CFO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: BRITTNEY KOCAJ
 Preparer's signature: 
 Date: 7/15/20
 Check if self-employed
 PTIN: P01320603
 Firm's name: CROWE LLP
 Firm's EIN: 35-0921680
 Firm's address: 401 EAST LAS OLAS BLVD, SUITE 1100, FORT LAUDERDALE, FL 33301-4230
 Phone no.: (954) 202-8600

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2018)

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 07/01, 2018, and ending 06/30, 20 19

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2018

Name of exempt organization UCF ATHLETICS ASSOCIATION INC	Employer identification number 56-2334448
Name and title of officer BRAD STRICKLIN, CFO	

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	63,733,221
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CROWE LLP to enter my PIN

3	4	4	4	8
---	---	---	---	---

 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 7/15/2020

Officer's signature ▶ *Brad Stricklin* Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3	5	5	6	2	4	2	1	6	8	0
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *[Signature]* Date ▶ 7/15/20

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2019)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. UCF ATHLETICS ASSOCIATION INC	Employer identification number (EIN) or 56-2334448
	Number, street, and room or suite no. If a P.O. box, see instructions. 4465 KNIGHTS VICTORY WAY	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORLANDO, FL 32816		

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

• The books are in the care of ► **BRAD STRICKLIN**

Telephone No. ► **(407) 823-6792** Fax No. ► _____

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

1 I request an automatic 6-month extension of time until 05/15, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 ____ or

► tax year beginning 07/01, 20 18, and ending 06/30, 20 19.

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

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) 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.

Cat. No. 27916D

Form **8868** (Rev. 1-2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
TO PROVIDE OPPORTUNITY TO YOUNG PEOPLE AND DEVELOP LEADERS FOR INDUSTRY, PHILANTHROPY, EDUCATION AND THE COMMUNITY THROUGH THE INTERCOLLEGIATE ATHLETIC EXPERIENCE.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 38,441,330 including grants of \$ 10,149,325) (Revenue \$ 52,800,427)
UCF ATHLETIC ASSOCIATION ACHIEVED MANY IMPRESSIVE RESULTS DURING THE 2018-19 FISCAL YEAR.

UCF COMPLETED ITS SIXTH SEASON IN THE AMERICAN ATHLETIC CONFERENCE (THE AMERICAN) IN 2018-19. WITH INCREASED NATIONAL EXPOSURE BECAUSE OF SUCCESS IN THE AMERICAN, UCF HAS AND WILL CONTINUE TO STRENGTHEN NOT ONLY THE PROFILE AND BRAND OF THE ATHLETICS PROGRAMS, BUT THE UNIVERSITY AS WELL.

UCF WAS AMERICAN ATHLETIC CONFERENCE CHAMPIONS IN THE SPORTS OF FOOTBALL, ROWING, VOLLEYBALL AND WOMEN'S TENNIS DURING THE SEASON. FOOTBALL HAS WON FOUR CONFERENCE CHAMPIONSHIPS IN SIX YEARS OF MEMBERSHIP.

THE FOOTBALL TEAM HAD A WIN-LOSS RECORD OF 12-1 IN THE 2018 SEASON AND PLAYED IN A "NEW YEAR'S SIX" (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶ 38,441,330**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part I</i>		<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input checked="" type="checkbox"/>	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule R, Part VI</i>		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 330		
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 (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	✓	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	✓	
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)?		✓
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	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?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
BRAD STRICKLIN, PO BOX 163555, ORLANDO, FL 32816, (407) 823-6792

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) DR JOHN HITT CHAIRMAN / UCF PRESIDENT (PARTIAL YEAR)	2.0 40.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	444,603	48,401
(2) THADDEUS SEYMOUR CHAIRMAN/INTERIM UNIVERSITY PRESIDENT (PARTIAL YEAR)	2.0 40.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	279,219	24,818
(3) DR MANOJ CHOPRA DIRECTOR / UCF PROFESSOR OF ENGINEERING	2.0 40.0	<input checked="" type="checkbox"/>						0	193,638	36,948
(4) PHYLLIS KLOCK DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(5) ALEX MARTINS BOARD MEMBER-EX-OFFICIO	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(6) BRENDAN RENNIE BOARD MEMBER-EX-OFFICIO	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(7) DANIEL WHITE ATHLETIC DIRECTOR/EXECUTIVE VP	40.0 0.0			<input checked="" type="checkbox"/>				404,615	544,799	41,709
(8) BRAD STRICKLIN CFO	40.0 0.0			<input checked="" type="checkbox"/>				208,863	0	18,379
(9) WILLIAM MERCK, II SECRETARY & TREASURER / UCF CFO	2.0 40.0			<input checked="" type="checkbox"/>				0	356,034	44,721
(10) JOHNNY DAWKINS HEAD COACH, MEN'S BASKETBALL	40.0 0.0					<input checked="" type="checkbox"/>		518,931	0	31,163
(11) JOSHUA K HEUPEL HEAD COACH, FOOTBALL	40.0 0.0					<input checked="" type="checkbox"/>		433,022	0	32,964
(12) GLEN ELARBEE ASSISTANT COACH, FOOTBALL	40.0 0.0					<input checked="" type="checkbox"/>		392,953	0	27,593
(13) WILLIAM O MARTINEZ ASSISTANT COACH, FOOTBALL	40.0 0.0					<input checked="" type="checkbox"/>		379,501	0	29,148
(14) RANDY SHANNON ASSISTANT COACH, FOOTBALL	40.0 0.0					<input checked="" type="checkbox"/>		301,947	0	27,594

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							2,639,832	1,818,293	363,438	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							2,639,832	1,818,293	363,438	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 24

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

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JH FOOTBALL, LLC., 8938 33RD STREET N., SUITE 1, LAKE ELMO, MN 55042	CONTRACT SERVICES	1,600,005
DAWKINS FAMILY SERVICES, INC., 1180 RED HAVEN LANE, OVIEDO, FL 32765	CONTRACT SERVICES	675,000
CONTEMPORARY SERVICES COMPANY, 3660 MAGUIRE BLVD 103, ORLANDO, FL 32803	EVENT SECURITY & CROWD MANAGEMENT	382,915
D&A BUILDING SERVICES, PO BOX 21241, TAMPA, FL 33622	CLEANING SERVICES	325,671
SUNBELT RENTALS, PO BOX 409211, ATLANTA, GA 30384-9211	EQUIPMENT RENTAL	187,532

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 10

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	35,685				
	d Related organizations	1d	5,214,939				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,235,078				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		9,485,702				
Program Service Revenue	Business Code						
	2a STUDENT FEES	713990	23,672,594	23,672,594			
	b CONFERENCE DISTRIBUTIONS	900099	8,497,568	8,497,568			
	c TICKET SALES	711210	6,728,686	6,728,686			
	d TUITION FEE WAIVERS	611710	7,467,913	7,467,913			
	e SPONSORSHIP REVENUES	541800	6,755,872	5,291,080	1,464,792		
	f All other program service revenue .	900099	1,142,586	1,142,586	0	0	
g Total. Add lines 2a-2f		54,265,219					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)	0	0			
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)	0	0			
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 35,685 of contributions reported on line 1c). See Part IV, line 18	a	60,578				
		b Less: direct expenses	b	78,278			
		c Net income or (loss) from fundraising events		(17,700)			(17,700)
	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		Business Code					
11a -----							
b -----							
c -----							
d All other revenue			0	0	0		
e Total. Add lines 11a-11d			0				
12 Total revenue. See instructions			63,733,221	52,800,427	1,464,792	(17,700)	

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).

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

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 domestic organizations and domestic governments. See Part IV, line 21	596,238	596,238		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	9,553,087	9,553,087		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	654,509		654,509	
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	16,237,335	9,175,596	7,061,739	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	598,831	386,912	211,919	
9 Other employee benefits	1,661,897	868,316	793,581	
10 Payroll taxes	973,189	598,902	374,287	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,853,282	3,181,129	4,422,040	250,113
12 Advertising and promotion	557,668	30,053	527,615	
13 Office expenses	6,273,322	3,028,924	2,679,023	565,375
14 Information technology	211,286	115,738	81,968	13,580
15 Royalties				
16 Occupancy	3,195,737	56,949	3,121,787	17,001
17 Travel	7,432,095	7,113,543	272,429	46,123
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,970	7,119	34,499	1,352
20 Interest	420,057		420,057	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,054,780		1,054,780	
23 Insurance	720,239	9	720,230	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ATHLETIC SUPPLIES	1,544,545	969,247	496,565	78,733
b GAME GUARANTEES	1,349,920	1,349,920		
c DUES & SUBSCRIPTIONS	142,145	104,168	37,269	708
d SPORTS EQUIPMENT	1,747,823	1,161,793	376,693	209,337
e All other expenses	852,820	143,687	0	709,133
25 Total functional expenses. Add lines 1 through 24e	63,673,775	38,441,330	23,340,990	1,891,455
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	469,491	1	161,536
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	3,073,419	4	3,097,524
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	402,810	9	631,970
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,626,368		
	b Less: accumulated depreciation	10b 11,794,582	22,650,504	10c 23,831,786
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	278,790	15	1,021,879
16 Total assets. Add lines 1 through 15 (must equal line 34)	26,875,014	16	28,744,695	
Liabilities	17 Accounts payable and accrued expenses	3,039,714	17	2,216,769
	18 Grants payable	0	18	0
	19 Deferred revenue	3,530,636	19	3,077,998
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	6,274,999	23	7,873,607
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	6,384,731	25	7,174,798
	26 Total liabilities. Add lines 17 through 25	19,230,080	26	20,343,172
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), 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 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	7,644,934	32	8,401,523
33 Total net assets or fund balances	7,644,934	33	8,401,523	
34 Total liabilities and net assets/fund balances	26,875,014	34	28,744,695	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,733,221
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,673,775
3	Revenue less expenses. Subtract line 2 from line 1	3	59,446
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,644,934
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	697,143
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,401,523

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
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.	✓	
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.		

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization UCF ATHLETICS ASSOCIATION INC	Employer identification number 56-2334448
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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 12, 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 (Form 990 or 990-EZ).)
- 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)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% 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 33¹/₃% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,039,831	13,479,135	13,505,791	9,373,609	9,485,702	58,884,068
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	13,039,831	13,479,135	13,505,791	9,373,609	9,485,702	58,884,068
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)						0
6 Public support. Subtract line 5 from line 4						58,884,068

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	13,039,831	13,479,135	13,505,791	9,373,609	9,485,702	58,884,068
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	370	0	0	0	0	370
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	784	0	784
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	3,033,545	60,578	3,094,123
11 Total support. Add lines 7 through 10						61,979,345
12 Gross receipts from related activities, etc. (see instructions)					12	226,443,977
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	95.01 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	95.24 %
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2018. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2017. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D—Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	OTHER INCOME				3,000,000	0	3,000,000
	FUNDRAISING INCOME				33,545	60,578	94,123
	Total	0	0	0	3,033,545	60,578	3,094,123

Schedule of Contributors

2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization UCF ATHLETICS ASSOCIATION INC	Employer identification number 56-2334448
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UCF ATHLETICS ASSOCIATION INC	Employer identification number 56-2334448
--	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNIVERSITY OF CENTRAL FLORIDA ----- 4000 CENTRAL FLORIDA BLVD, #384 ----- ORLANDO, FL 32816 -----	\$ 598,559	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UCF FOUNDATION ----- 12424 RESEARCH PARKWAY, #250 ----- ORLANDO, FL 32826 -----	\$ 4,616,380	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UCF ATHLETICS ASSOCIATION INC	Employer identification number 56-2334448
--	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization UCF ATHLETICS ASSOCIATION INC	Employer identification number 56-2334448
--	---

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: UCF ATHLETICS ASSOCIATION INC; Employer identification number: 56-2334448

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including checkboxes and a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with rows 1a-2 for questions regarding art and historical treasures, including revenue and asset reporting.

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 XIII.

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" on 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 XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶%
- b** Permanent endowment ▶%
- c** Temporarily restricted endowment ▶%

The percentages on lines 2a, 2b, and 2c should equal 100%.

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" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		700,272		700,272
b Buildings		21,069,232	6,580,130	14,489,102
c Leasehold improvements		5,508,026	751,873	4,756,153
d Equipment		5,286,191	4,331,831	954,360
e Other		3,062,647	130,748	2,931,899
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,831,786

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) NOTES PAYABLE TO THE UNIVERSITY OF CENTRAL FLORIDA	5,813,484	
(3) DUE TO THE UNIVERSITY OF CENTRAL FLORIDA	118,497	
(4) COMPENSATED ABSENCES	700,426	
(5) DUE TO THE UCF CONVOCATION CORPORATION	125,404	
(6) DUE TO THE UCF STADIUM CORP	416,987	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	7,174,798	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Columns include description, sub-row identifier, and numerical values. Total revenue per audited financial statements is 64,448,064. Total revenue after adjustments is 63,733,221.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Columns include description, sub-row identifier, and numerical values. Total expenses per audited financial statements is 63,691,475. Total expenses after adjustments is 63,673,775.

Part XIII Supplemental Information.

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

SEE STATEMENT

Series of horizontal dashed lines provided for entering supplemental information.

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	FUNDRAISING EXPENSES	17,700
	DISTRIBUTIONS FROM UCF STADIUM CORP.	697,143
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	FUNDRAISING EXPENSES	17,700

Part XIII

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

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE ASSOCIATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.</p> <p>THE ASSOCIATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE ASSOCIATION'S TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE UPON EXAMINATION.</p> <p>THE ASSOCIATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS OF THE ASSOCIATION.</p>

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

UCF ATHLETICS ASSOCIATION INC

56-2334448

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>KICKOFF LUNCHEON</u> (event type)	<u>TIPOFF LUNCHEON</u> (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	74,115	22,148		96,263
	2 Less: Contributions	29,615	6,070		35,685
	3 Gross income (line 1 minus line 2)	44,500	16,078	0	60,578
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	18,506	897		19,403
	7 Food and beverages	19,298	10,500		29,798
	8 Entertainment				0
	9 Other direct expenses	25,166	3,911		29,077
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				78,278
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(17,700)	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
 - a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

UCF ATHLETICS ASSOCIATION INC

Employer identification number

56-2334448

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CENTRAL FLORIDA 4000 CENTRAL FLORIDA BLVD, ORLANDO, FL 32816	59-2924021		596,238	0	N/A	N/A	EQUIPMENT PURCHASE
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Cat. No. 50055P

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered “Yes” on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	335	9,553,087	0	N/A	N/A
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	ALL SCHOLARSHIP FUNDS ARE PAID EITHER DIRECTLY TO THE INDIVIDUAL OR THROUGH THE SCHOOL'S FINANCIAL AID DEPARTMENT. THE AMOUNTS RECEIVED BY EACH STUDENT-ATHLETE ARE MONITORED CAREFULLY BY UCFAA'S COMPLIANCE AND BUSINESS OFFICES TO ENSURE COMPLIANCE WITH NCAA RULES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UCF ATHLETICS ASSOCIATION INC

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

56-2334448

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	✓	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	✓	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>		✓
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		✓
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>		✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>		✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>		✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR JOHN HITT CHAIRMAN / UCF PRESIDENT (PARTIAL YEAR)	(i)	0	0	0	0	0	0	0
	(ii)	444,603	0	0	26,369	22,032	493,004	0
2 THADDEUS SEYMOUR CHAIRMAN/INTERIM UNIVERSITY PRESIDENT (PARTIAL YEAR)	(i)	0	0	0	0	0	0	0
	(ii)	279,219	0	0	11,931	12,887	304,037	0
3 DR MANOJ CHOPRA DIRECTOR / UCF PROFESSOR OF ENGINEERING	(i)	0	0	0	0	0	0	0
	(ii)	193,638	0	0	16,807	20,141	230,586	0
4 DANIEL WHITE ATHLETIC DIRECTOR/EXECUTIVE VP	(i)	404,615	0	0	13,750	8,899	427,264	0
	(ii)	544,799	0	0	8,478	10,582	563,859	0
5 BRAD STRICKLIN CFO	(i)	208,863	0	0	9,250	9,129	227,242	0
	(ii)	0	0	0	0	0	0	0
6 WILLIAM MERCK, II SECRETARY & TREASURER / UCF CFO	(i)	0	0	0	0	0	0	0
	(ii)	356,034	0	0	28,591	16,130	400,755	0
7 JOHNNY DAWKINS HEAD COACH, MEN'S BASKETBALL	(i)	518,931	0	0	15,625	15,538	550,094	0
	(ii)	0	0	0	0	0	0	0
8 JOSHUA K HEUPEL HEAD COACH, FOOTBALL	(i)	392,250	10,000	30,772	17,708	15,256	465,986	0
	(ii)	0	0	0	0	0	0	0
9 GLEN ELARBEE ASSISTANT COACH, FOOTBALL	(i)	364,336	0	28,617	13,750	13,843	420,546	0
	(ii)	0	0	0	0	0	0	0
10 WILLIAM O MARTINEZ ASSISTANT COACH, FOOTBALL	(i)	329,473	0	50,028	13,750	15,398	408,649	0
	(ii)	0	0	0	0	0	0	0
11 RANDY SHANNON ASSISTANT COACH, FOOTBALL	(i)	291,335	0	10,612	13,750	13,844	329,541	0
	(ii)	0	0	0	0	0	0	0
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	ON OCCASION, UCFAA WILL PAY FOR THE HEAD FOOTBALL COACH TO FLY FIRST CLASS WHEN TRAVELING ON A RECRUITING TRIP WHICH IS NOT TAXABLE TO THE INDIVIDUAL.
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	UCFAA PAYS FOR COUNTRY CLUB FEES FOR THE COACHES TO HELP SCOUT POTENTIAL DONORS. ALL OF WHICH ARE TAXABLE TO THE INDIVIDUAL.
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	COMPANION TRAVEL IS PART OF THE DIRECTOR OF ATHLETICS CONTRACT. THERE ARE OCCASIONS WHERE COMPANIONS WILL TRAVEL WITH COACHES TO POST-SEASON CHAMPIONSHIP EVENTS WHICH IS NOT TAXABLE TO THE INDIVIDUAL.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the Organization
UCF ATHLETICS ASSOCIATION INC

Employer Identification Number
56-2334448

Return Reference - Identifier	Explanation										
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>BOWL GAME FOR THE SECOND CONSECUTIVE YEAR.</p> <p>NINE OF THE SIXTEEN UCF VARSITY SPORTS PARTICIPATED IN NCAA POST-SEASON WHICH IS THE MOST TO DO SO IN PROGRAM HISTORY.</p> <p>UCF IS THE ONLY DIVISION I ATHLETICS PROGRAM IN THE COUNTRY WHERE ALL ITS "HEAD-TO-HEAD" COMPETITION SPORTS FINISHED THE SEASON WITH A WINNING RECORD. THIS WAS THE SECOND CONSECUTIVE YEAR UCF HAS ACCOMPLISHED THIS TASK.</p> <p>IN THE CLASSROOM, OUR STUDENT-ATHLETES MARKED THE TWENTY-SECOND CONSECUTIVE SEMESTER IN WHICH THEY EARNED AT LEAST A 3.0 GRADE-POINT AVERAGE OR HIGHER.</p> <p>THERE WERE 253 STUDENT-ATHLETES SELECTED TO THE CONFERENCE ALL-ACADEMIC TEAM ALONG WITH ONE ATHLETE SELECTED AS AN AAC SPORT SCHOLAR ATHLETE. BOTH THE UCF VOLLEYBALL AND ROWING TEAMS EARNED THE AAC TEAM ACADEMIC EXCELLENCE AWARD.</p>										
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	THE PRESIDENT OF THE UNIVERSITY OF CENTRAL FLORIDA HAS THE RIGHT TO APPOINT BOARD MEMBERS OF UCF ATHLETICS.										
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	<p>THE BOARD OF DIRECTORS SHALL CONSTITUTE THE MEMBERS OF THE ORGANIZATION. THE FOLLOWING SHALL BE MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION:</p> <p>A. THE PRESIDENT OF THE UNIVERSITY OF CENTRAL FLORIDA OR HIS DESIGNEE.</p> <p>B. THE CHAIRMAN OF THE UNIVERSITY OF CENTRAL FLORIDA BOARD OF TRUSTEES OR HIS DESIGNEE.</p> <p>C. THE PRESIDENT OF THE UNIVERSITY OF CENTRAL FLORIDA ALUMNI ASSOCIATION OR DESIGNEE.</p> <p>D. THE PRESIDENT OF THE UNIVERSITY OF CENTRAL FLORIDA GOLDEN KNIGHTS CLUB OR DESIGNEE.</p> <p>E. THREE MEMBERS OF THE PUBLIC AS APPOINTED BY THE PRESIDENT OF THE UNIVERSITY FOR SUCH TERMS AS THE PRESIDENT OF THE UNIVERSITY SHALL DESIGNATE.</p>										
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE COMPLETED FORM 990 WILL BE REVIEWED BY THE ORGANIZATION'S CFO AND ATHLETIC DIRECTOR.										
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	CONFLICT OF INTEREST IS A COMPONENT OF UCFAA EMPLOYMENT AGREEMENTS, WHICH IS MONITORED BY THE NCAA OUTSIDE INCOME FORM SUBMITTED IN MAY/JUNE EACH YEAR.										
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	UCFAA'S CEO HAS A WRITTEN CONTRACT OUTLINING HIS COMPENSATION AND A COMPENSATION SURVEY WAS USED TO DEVELOP THE TERMS. THE PRESIDENT OF THE UNIVERSITY AND THE CHAIRMAN OF THE BOARD OF TRUSTEES WERE INVOLVED IN DEVELOPING THE TERMS OF THE CONTRACT.										
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	OTHER OFFICERS ARE REVIEWED BY THE CEO AND THEIR COMPENSATION DETERMINATIONS ARE SAVED IN EACH EMPLOYEE'S FILES.										
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES APPLICABLE DOCUMENTS AVAILABLE UPON REQUEST AS REQUIRED BY STATE STATUTES.										
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">(a) Description</th> <th style="text-align: right;">(b) Total Expenses</th> <th style="text-align: right;">(c) Program Service Expenses</th> <th style="text-align: right;">(d) Management and General Expenses</th> <th style="text-align: right;">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td>CONTRACTED SERVICES</td> <td style="text-align: right;">7,853,282</td> <td style="text-align: right;">3,181,129</td> <td style="text-align: right;">4,422,040</td> <td style="text-align: right;">250,113</td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	CONTRACTED SERVICES	7,853,282	3,181,129	4,422,040	250,113
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses							
CONTRACTED SERVICES	7,853,282	3,181,129	4,422,040	250,113							
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">(a) Description</th> <th style="text-align: right;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>NET DISTRIBUTED FUNDS-UCF STADIUM CORPORATION</td> <td style="text-align: right;">697,143</td> </tr> </tbody> </table>	(a) Description	(b) Amount	NET DISTRIBUTED FUNDS-UCF STADIUM CORPORATION	697,143						
(a) Description	(b) Amount										
NET DISTRIBUTED FUNDS-UCF STADIUM CORPORATION	697,143										

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UCF ATHLETICS ASSOCIATION INC

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

56-2334448

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

(a) Name, address, and EIN (if applicable) 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNIVERSITY OF CENTRAL FLORIDA (59-2924021) 4000 CENTRAL FLORIDA BLVD, ORLANDO, FL 32816	EDUCATION	FL			N/A		✓
(2) UNIVERSITY OF CENTRAL FLORIDA STADIUM CORPORATION (20-3794571) 12424 RESEARCH PARKWAY, 300, ORLANDO, FL 32826	HOLDING COMPANY	FL	501(C)(3)	5	UCF	✓	
(3) UNIVERSITY OF CENTRAL FLORIDA CONVOCATION CORPORATION (16-1733312) 12424 RESEARCH PARKWAY, 300, ORLANDO, FL 32826	MANAGEMENT	FL	501(C)(3)	12 TYPE I	UCF	✓	
(4) UNIVERSITY OF CENTRAL FLORIDA FINANCE CORPORATION (20-8919971) 12424 RESEARCH PARKWAY, 300, ORLANDO, FL 32826	FINANCE	FL	501(C)(3)	12 TYPE I	UCF	✓	
(5) UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION INC (59-3086453) 12201 RESEARCH PKWY, 501, ORLANDO, FL 32826	SUPPORT UCF	FL	501(C)(3)	12 TYPE I	UCF	✓	
(6) UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC (59-6211832) 12424 RESEARCH PKWY, 140, ORLANDO, FL 32826	SUPPORT UCF	FL	501(C)(3)	5	UCF	✓	
(7) UNIVERSITY OF CENTRAL FLORIDA ACADEMIC HEALTH INC (81-2946322) 6850 LAKE NONA BLVD, ORLANDO, FL 32827	SUPPORT UCF	FL	501(C)(3)	12 TYPE I	UCF	✓	

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

Cat. No. 50135Y

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)-----												
(2)-----												
(3)-----												
(4)-----												
(5)-----												
(6)-----												
(7)-----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)-----									
(2)-----									
(3)-----									
(4)-----									
(5)-----									
(6)-----									
(7)-----									

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

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

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

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

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY OF CENTRAL FLORIDA	E	4,538,342	FMV
(2) UCF FOUNDATION, INC.	C	4,616,379	FMV
(3) UNIVERSITY OF CENTRAL FLORIDA	C	598,559	FMV
(4) UNIVERSITY OF CENTRAL FLORIDA STADIUM CORPORATION	S	697,143	FMV
(5) UNIVERSITY OF CENTRAL FLORIDA	B	596,238	FMV
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													



Crowe LLP
Independent Member Crowe International

Instructions for filing
UCF Athletics Association, Inc.
Form 990-T - Exempt Organization Business Income Tax Return
for the period ended June 30, 2019

Signature...

The original return should be signed (using full name and title) and dated by an authorized officer of the organization.

Filing...

The signed return should be filed on or before 07/15/2020 with...

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

No payment due...

There is no tax due for the current year.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open 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)

Name of organization (Check box if name changed and see instructions.)
UCF ATHLETICS ASSOCIATION INC

Number, street, and room or suite no. If a P.O. box, see instructions.
4465 KNIGHTS VICTORY WAY

City or town, state or province, country, and ZIP or foreign postal code
ORLANDO, FL 32816

D Employer identification number
(Employees' trust, see instructions.)
56-2334448

E Unrelated business activity code
(See instructions.)
541800

C Book value of all assets at end of year
28,744,695

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **ADVERTISING**. 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.

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. ▶ **UNIVERSITY OF CENTRAL FLORIDA 59-2924021**

J The books are in care of ▶ **BRAD STRICKLIN** Telephone number ▶ **(407) 823-6792**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	<u>1,464,792</u>				
b	Less returns and allowances	<u>0</u>	c Balance ▶	1c	<u>1,464,792</u>	
2	Cost of goods sold (Schedule A, line 7)			2	<u>0</u>	
3	Gross profit. Subtract line 2 from line 1c			3	<u>1,464,792</u>	<u>1,464,792</u>
4a	Capital gain net income (attach Schedule D)			4a	<u>0</u>	<u>0</u>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b	<u>0</u>	<u>0</u>
c	Capital loss deduction for trusts			4c	<u>0</u>	<u>0</u>
5	Income (loss) from a partnership or an S corporation (attach statement)			5	<u>0</u>	<u>0</u>
6	Rent income (Schedule C)			6	<u>0</u>	<u>0</u>
7	Unrelated debt-financed income (Schedule E)			7	<u>0</u>	<u>0</u>
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8	<u>0</u>	<u>0</u>
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9	<u>0</u>	<u>0</u>
10	Exploited exempt activity income (Schedule I)			10	<u>0</u>	<u>0</u>
11	Advertising income (Schedule J)			11	<u>0</u>	<u>0</u>
12	Other income (See instructions; attach schedule)			12	<u>0</u>	<u>0</u>
13	Total. Combine lines 3 through 12			13	<u>1,464,792</u>	<u>1,464,792</u>

Part II Deductions Not Taken Elsewhere (See 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	<u>0</u>	
15	Salaries and wages		15	<u>197,036</u>	
16	Repairs and maintenance		16	<u>0</u>	
17	Bad debts		17	<u>0</u>	
18	Interest (attach schedule) (see instructions)		18	<u>0</u>	
19	Taxes and licenses		19	<u>0</u>	
20	Charitable contributions (See instructions for limitation rules)		20	<u>0</u>	
21	Depreciation (attach Form 4562)	<u>21</u>	<u>0</u>		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	<u>0</u>	22b	<u>0</u>
23	Depletion		23	<u>0</u>	
24	Contributions to deferred compensation plans		24	<u>0</u>	
25	Employee benefit programs		25	<u>29,717</u>	
26	Excess exempt expenses (Schedule I)		26	<u>0</u>	
27	Excess readership costs (Schedule J)		27	<u>0</u>	
28	Other deductions (attach schedule)		28	<u>2,928,490</u>	
29	Total deductions. Add lines 14 through 28		29	<u>3,155,243</u>	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	<u>(1,690,451)</u>	
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31		
32	Unrelated business taxable income. Subtract line 31 from line 30		32	<u>(1,690,451)</u>	

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	0
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	0
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	0

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	0
46	Subtract line 45e from line 44	46	0
47	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 (attach schedule)	47	0
48	Total tax. Add lines 46 and 47 (see instructions)	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	12,533
b	2018 estimated tax payments	50b	0
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	50g	0
51	Total payments. Add lines 50a through 50g	51	12,533
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	12,533
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 12,533 Refunded	55	0

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	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 instructions for other forms the organization may have to file.		✓
58	Enter the amount of tax-exempt interest received or accrued during the tax year		✓

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

Signature of officer: *[Signature]* Date: 7/15/2020 Title: CFO

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

Paid Preparer Use Only	Print/Type preparer's name BRITNEY KOCAJ	Preparer's signature <i>Britney Kocaj</i>	Date 7/15/2020	Check <input type="checkbox"/> if self-employed	PTIN P01320603
	Firm's name CROWE LLP	Firm's EIN 35-0921680			Phone no. (954) 202-8600
	Firm's address 401 EAST LAS OLAS BLVD, SUITE 1100, FORT LAUDERDALE, FL 33301-4230				

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2019)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions. UCF ATHLETICS ASSOCIATION INC	Employer identification number (EIN) or 56-2334448
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 4465 KNIGHTS VICTORY WAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORLANDO, FL 32816	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

• The books are in the care of ▶ **BRAD STRICKLIN**

Telephone No. ▶ **(407) 823-6792** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until 05/15, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning 07/01, 20 18, and ending 06/30, 20 19.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	434
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	12,392
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1	0	6 Inventory at end of year	6	0
2 Purchases	2	0	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0
3 Cost of labor	3	0	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a	0			
b Other costs (attach schedule)	4b	0			
5 Total. Add lines 1 through 4b	5	0			

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(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	0	Total 0
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0

Schedule E—Unrelated Debt-Financed Income (see instructions)

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)				
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 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A). 0	Enter here and on page 1, Part I, line 7, column (B). 0
Total dividends-received deductions included in column 8 ►				0

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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 income	6. Deductions directly connected with income in column 5
(1)					
(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)				
Totals			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).
			0	0

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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)				
(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).
		0		0

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

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)						
(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.
		0	0			0

Schedule J—Advertising Income (see instructions)

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)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0	0	0		0

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. 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)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0	0				0
Totals, Part II (lines 1-5) ▶	0	0				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

Description	Amount
NEW ACTIVITY	
(1) NON-CASH TRADE ITEMS - SPONSORSHIP EXPENSE	155,276
(2) CONTRACT SERVICES (EX-COACHES)	98,071
(3) MISCELLANEOUS ALL OTHER	125,135
(4) COACHES APPEARANCES & ENDORSEMENTS	2,550,008
Total	2,928,490

**Form 990T Part II, Line 31 -
Summary**

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
2018	1,690,451	0	0	0	1,690,451
Totals	1,690,451	0	0	0	1,690,451

**SCHEDULE O
(Form 1120)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.**
▶ **Go to www.irs.gov/Form1120 for instructions and the latest information.**

OMB No. 1545-0123

Name UCF ATHLETICS ASSOCIATION INC	Employer identification number 56-2334448
--	---

Part I Apportionment Plan Information

- 1 Type of controlled group:
 - a Parent–subsidiary group
 - b Brother–sister group
 - c Combined group
 - d Life insurance companies only

- 2 This corporation has been a member of this group:
 - a For the entire year.
 - b From _____, 20 _____, until _____, 20 _____.

- 3 This corporation consents and represents to:
 - a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20 _____, and for all succeeding tax years.
 - b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, 20 _____, and for all succeeding tax years.
 - c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
 - d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20 _____, and for all succeeding tax years.

- 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:
 - a Elected by the component members of the group.
 - b Required for the component members of the group.

- 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group’s apportionment plan (see instructions).
 - a No apportionment plan is in effect and none is being adopted.
 - b An apportionment plan is already in effect. It was adopted for the tax year ending 06/30, 20 11, and for all succeeding tax years.

- 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency?
See instructions.
 - a Yes.
 - (i) The statute of limitations for this year will expire on _____, 20 _____.
 - (ii) On _____, 20 _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____, 20 _____.
 - b No. The members may not adopt or amend an apportionment plan.

- 7 If the corporation has a short tax year that does not include December 31, check the box. See instructions.

Part II Apportionment (See instructions)

(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Apportionment			
		(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other	
1 THE UNIVERSITY OF CENTRAL FLORIDA BOARD OF TRUSTEES	59-2924021	19-06	0	0	0
2 UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION, INC.	59-3086453	19-06	0	0	0
3 UCF ATHLETICS ASSOCIATION, INC	59-2334448	19-06	0	0	0
4 UCF STADIUM CORPORATION	20-3794571	19-06	0	0	0
5 UCF FINANCE COPORATION	20-8919971	19-06	0	0	0
6 UCF CONVOCATION CORPORATION	16-1733312	19-06	0	0	0
7 UCF ACADEMIC HEALTH, INC.	81-2946322	19-06	0	0	0
8 UCF LIMBITLESS SOLUTIONS	47-1944657	19-06	0	0	0
9					
10					
Total			0	0	0



Crowe LLP
Independent Member Crowe International

Instructions for filing
UCF Athletics Association Inc
Form F-1120
Florida Corporate Income/Franchise Tax Return
for the period ended 06/30/2019

Signature...

The original return should be signed and dated by an authorized officer of the corporation.

Filing...

The signed return should be filed on or before 07/15/2020 with...

Florida Department of Revenue
5050 W.Tennessee St.
Tallahassee, FL 32399-0135

No payment due...

There is no tax due for the current year.

Florida Corporate Income/Franchise Tax Return

F-1120
R. 01/19
Rule 12C-1.051, F.A.C.
Effective 01/19

Name UCF ATHLETICS ASSOCIATION INC Page 1 of 6
Address 4465 KNIGHTS VICTORY WAY, ,
City/State/ZIP ORLANDO, FL 32816



Use black ink. Example A - Handwritten Example B - Typed

0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

5 6 2 3 3 4 4 4 8

Federal Employer Identification Number (FEIN)

For calendar year or tax year
beginning 07/01/2018 ,
ending 06/30/2019
Year end date 06/30/2019

Check here if any changes have been made to name or address

DOR use only / /

Computation of Florida Net Income Tax

		US Dollars							Cents	
1. Federal taxable income (see instructions). Attach pages 1-5 of federal return	Check here if negative <input checked="" type="checkbox"/>	1	6	9	0	4	5	1	0	0
2. State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative <input type="checkbox"/>								0	0
3. Additions to federal taxable income (from Schedule I)	Check here if negative <input type="checkbox"/>								0	0
4. Total of Lines 1, 2, and 3.	Check here if negative <input checked="" type="checkbox"/>	1	6	9	0	4	5	1	0	0
5. Subtractions from federal taxable income (from Schedule II)	Check here if negative <input type="checkbox"/>								0	0
6. Adjusted federal income (Line 4 minus Line 5)	Check here if negative <input checked="" type="checkbox"/>	1	6	9	0	4	5	1	0	0
7. Florida portion of adjusted federal income (see instructions)	Check here if negative <input checked="" type="checkbox"/>	1	6	9	0	4	5	1	0	0
8. Nonbusiness income allocated to Florida (from Schedule R)	Check here if negative <input type="checkbox"/>								0	0
9. Florida exemption					5	0	0	0	0	0
10. Florida net income (Line 7 plus Line 8 minus Line 9)									0	0
11. Tax due: 5.5% of Line 10.....									0	0
12. Credits against the tax (from Schedule V).....									0	0
13. Total corporate income/franchise tax due (Line 11 minus Line 12).....									0	0

Payment Coupon for Florida Corporate Income Tax Return

Do not detach coupon.

F-1120
R. 01/19

To ensure proper credit to your account, enclose your check with tax return when mailing.

YEAR ENDING 0 6 3 0 1 9

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

Enter name and address, if not pre-addressed:

Name UCF ATHLETICS ASSOCIATION INC
Address 4465 KNIGHTS VICTORY WAY, ,
City/St ORLANDO, FL 32816
ZIP

	US DOLLARS							CENTS	
Total amount due from Line 17								0	0
Total credit from Line 18								0	0
Total refund from Line 19								0	0
FEIN Enter FEIN if not pre-addressed	5	6	2	3	3	4	4	4	8

F-1120



14. a) Penalty: F-2220 _____ 0 b) Other _____ 0
 c) Interest: F-2220 _____ 0 d) Other _____ 0 Line 14 Total ▶ 14.

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

 .

0	0
---	---

15. Total of Lines 13 and 14 15.

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

 .

0	0
---	---

16. Payment credits: Estimated tax payments 16a \$ _____ 0
 Tentative tax payment 16b \$ _____ 0 16.

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

 .

0	0
---	---

17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19 17.

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

 .

0	0
---	---

18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon 18.

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

 .

0	0
---	---

19. Refund: Enter amount of overpayment to be refunded here and on payment coupon 19.

--	--	--	--	--	--	--	--	--	--

 .

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This return is considered incomplete unless a copy of the federal return is attached.
 If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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		Date	7/15/2020	Title	CFO																	
Paid preparers only	Preparer's signature	Date	7/15/2020	Preparer checked self-employed	Preparer's PTIN																	
	Firm's name (or yours if self-employed) and address	FEIN		<table border="1" style="display: inline-table;"><tr><td>P</td><td>0</td><td>1</td><td>3</td><td>2</td><td>0</td><td>6</td><td>0</td><td>3</td></tr></table> <table border="1" style="display: inline-table;"><tr><td>3</td><td>5</td><td>0</td><td>9</td><td>2</td><td>1</td><td>6</td><td>8</td><td>0</td></tr></table>		P	0	1	3	2	0	6	0	3	3	5	0	9	2	1	6	8
P	0	1	3	2	0	6	0	3														
3	5	0	9	2	1	6	8	0														
	CROWE LLP			ZIP	33301-4230																	
	401 EAST LAS OLAS BLVD, SUITE 1100, FORT LAUDERDALE, FL																					

All Taxpayers Must Answer Questions A Through L Below — See Instructions

<p>A. State of incorporation: <u>FLORIDA</u></p> <p>B. Florida Secretary of State document number: <u>N03000001880</u></p> <p>C. Florida consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>D. <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (final federal return filed)</p> <p>E. Principal Business Activity Code (as pertains to Florida) <table border="1" style="display: inline-table;"><tr><td>5</td><td>4</td><td>1</td><td>8</td><td>0</td><td>0</td></tr></table></p> <p>F. A Florida extension of time was timely filed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>G-1. Corporation is a member of a controlled group? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If yes, attach list.</p>	5	4	1	8	0	0	<p>G-2. Part of a federal consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, provide: FEIN from federal consolidated return: _____ Name of corporation: _____</p> <p>G-3. The federal common parent has sales, property, or payroll in Florida? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>H. Location of corporate books: <u>PO BOX 163555</u> City: <u>ORLANDO</u> State: <u>FL</u> ZIP: <u>32816</u></p> <p>I. Taxpayer is a member of a Florida partnership or joint venture? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>J. Enter date of latest IRS audit: _____ a) List years examined: _____</p> <p>K. Contact person concerning this return: <u>BRAD STRICKLIN</u> a) Contact person telephone number: <u>(407) 823-3213</u> b) Contact person email address: <u>BSTRICKLIN@ATHLETICS.UCF.EDU</u></p> <p>L. Type of federal return filed <input type="checkbox"/> 1120 <input type="checkbox"/> 1120S or <u>990-T</u></p>
5	4	1	8	0	0		

Where to Send Payments and Returns

Make check payable to and mail with return to:
 Florida Department of Revenue
 5050 W Tennessee Street
 Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:
 Florida Department of Revenue
 PO Box 6440
 Tallahassee FL 32314-6440

Remember:

- ✓ **Make your check payable to the Florida Department of Revenue.**
- ✓ **Write your FEIN on your check.**
- ✓ **Sign your check and return.**
- ✓ **Attach a copy of your federal return.**
- ✓ **Attach a copy of your Florida Form F-7004 (extension of time) if applicable.**

**Florida Tentative Income / Franchise Tax
Return and Application for Extension of Time to File Return**

You must write within the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

 If typing, type through the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Write your numbers as shown and enter one number per box.

Name
Address
City/St
ZIP

UCF ATHLETICS ASSOCIATION INC
4465 KNIGHTS VICTORY WAY,,
ORLANDO, FL 32816

FEIN

5	6	2	3	3	4	4	4	8
---	---	---	---	---	---	---	---	---

Taxable year end:

0	6	3	0	1	9
---	---	---	---	---	---

Type of federal return to be filed (Mark "X" in one box only)

1065	1120S
<input type="checkbox"/>	<input type="checkbox"/>

All other federal returns to be filed

Under penalties of perjury, I declare that I have been authorized by the above-named taxpayer to make this application, and that to the best of my knowledge and belief the statements herein are true and correct:

Sign here: Bethany Kocay Date: 10/22/2019

Tentative tax due (See reverse side)

US DOLLARS					CENTS	
					0	0

Make checks payable to and mail to: Florida Department of Revenue, 5050 W Tennessee St, Tallahassee FL 32399-0135

9200 0 20169999 0002005030 0 3999999999 0000 2

**Florida Tentative Income / Franchise Tax
Return and Application for Extension of Time to File Return**

You must write within the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

 If typing, type through the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Write your numbers as shown and enter one number per box.

Name
Address
City/St
ZIP

F-7004

FEIN

--	--	--	--	--	--	--	--	--	--

Taxable year end:

M	M	D	D	Y	Y
---	---	---	---	---	---

Type of federal return to be filed (Mark "X" in one box only)

1065	1120S
<input type="checkbox"/>	<input type="checkbox"/>

All other federal returns to be filed

Under penalties of perjury, I declare that I have been authorized by the above-named taxpayer to make this application, and that to the best of my knowledge and belief the statements herein are true and correct:

Sign here: _____ Date: _____

Tentative tax due (See reverse side)

US DOLLARS					CENTS	

Make checks payable to and mail to: Florida Department of Revenue, 5050 W Tennessee St, Tallahassee FL 32399-0135

9200 0 20169999 0002005030 0 3999999999 0000 2

**Florida Tentative Income / Franchise Tax
Return and Application for Extension of Time to File Return**

You must write within the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

 If typing, type through the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Write your numbers as shown and enter one number per box.

Name
Address
City/St
ZIP

F-7004

FEIN

--	--	--	--	--	--	--	--	--	--

Taxable year end:

M	M	D	D	Y	Y
---	---	---	---	---	---

Type of federal return to be filed (Mark "X" in one box only)

1065	1120S
<input type="checkbox"/>	<input type="checkbox"/>

All other federal returns to be filed

Under penalties of perjury, I declare that I have been authorized by the above-named taxpayer to make this application, and that to the best of my knowledge and belief the statements herein are true and correct:

Sign here: _____ Date: _____

Tentative tax due (See reverse side)

US DOLLARS					CENTS	

Make checks payable to and mail to: Florida Department of Revenue, 5050 W Tennessee St, Tallahassee FL 32399-0135

9200 0 20169999 0002005030 0 3999999999 0000 2

Information for Filing Florida Form F-7004

F-7004
R. 01/17

When to file — File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.floridarevenue.com

Penalties —If you are required to pay tax with this application, failure to pay all taxes due will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for a late-filed return when no tax is due.

Signature — A person authorized by the taxpayer must sign Florida Form F-7004. They must be: an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The Florida Form F-7004 must be filed — To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension:

ADDITIONAL TIME IS NEEDED TO FILE A
COMPLETE AND ACCURATE RETURN.

B. Type of federal return filed: 990-T

Contact person for questions: BRAD STRICKLIN

Telephone number: (407) 823-6792

Contact person email address: BSTRICKLIN@ATHLETICS.UCF.EDU

Extension of Time Request	Florida Income/ Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0
2. LESS: Estimated tax payments for the taxable year	2. 0
3. Balance due — You must pay 100% of the tax tentatively determined due with this extension request.	3. 0

Transfer the amount on Line 3 to **Tentative tax due** on reverse side.

Information for Filing Florida Form F-7004

F-7004
R. 01/17

When to file — File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

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An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension:

B. Type of federal return filed:

Contact person for questions:

Telephone number: ()

Contact person email address:

Extension of Time Request	Florida Income/ Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1.
2. LESS: Estimated tax payments for the taxable year	2.
3. Balance due — You must pay 100% of the tax tentatively determined due with this extension request.	3.

Transfer the amount on Line 3 to **Tentative tax due** on reverse side.

Information for Filing Florida Form F-7004

F-7004
R. 01/17

When to file — File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.floridarevenue.com

Penalties —If you are required to pay tax with this application, failure to pay all taxes due will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for a late-filed return when no tax is due.

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An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension:

B. Type of federal return filed:

Contact person for questions:

Telephone number: ()

Contact person email address:

Extension of Time Request	Florida Income/ Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1.
2. LESS: Estimated tax payments for the taxable year	2.
3. Balance due — You must pay 100% of the tax tentatively determined due with this extension request.	3.

Transfer the amount on Line 3 to **Tentative tax due** on reverse side.



NAME UCF ATHLETICS ASSOCIATION INC

FEIN 56-2334448

TAXABLE YEAR ENDING 06/30/2019

Schedule I – Additions and/or Adjustments to Federal Taxable Income

1. Interest excluded from federal taxable income (see instructions)	1.	0
2. Undistributed net long-term capital gains (see instructions)	2.	0
3. Net operating loss deduction (attach schedule)	3.	0
4. Net capital loss carryover (attach schedule)	4.	
5. Excess charitable contribution carryover (attach schedule)	5.	
6. Employee benefit plan contribution carryover (attach schedule)	6.	
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	
9. Guaranty association assessment(s) credit	9.	
10. Rural and/or urban high crime area job tax credits	10.	
11. State housing tax credit	11.	
12. Florida tax credit scholarship program credits	12.	
13. Renewable energy tax credits	13.	
14. New markets tax credit	14.	
15. Entertainment industry tax credit	15.	
16. Research and Development tax credit	16.	
17. Energy Economic Zone tax credit	17.	
18. s.168(k), IRC special bonus depreciation	18.	
19. Other additions (attach schedule)	19.	0
20. Total Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3.	20.	0

Schedule II – Subtractions from Federal Taxable Income

1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income \$ _____ (b) plus s. 862, IRC, dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶	1.	0
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC, subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶	2.	0
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	3.	
3. Florida net operating loss carryover deduction (see instructions)	4.	
4. Florida net capital loss carryover deduction (see instructions)	5.	
5. Florida excess charitable contribution carryover (see instructions)	6.	
6. Florida employee benefit plan contribution carryover (see instructions)	7.	0
7. Nonbusiness income (from Schedule R, Line 3)	8.	
8. Eligible net income of an international banking facility (see instructions)	9.	0
9. s.179, IRC, expense (see instructions)	10.	0
10. s. 168(k), IRC, special bonus depreciation (see instructions)	11.	0
11. Other subtractions (attach schedule)	12.	0
12. Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.	12.	0



NAME UCF ATHLETICS ASSOCIATION INC

FEIN 56-2334448

TAXABLE YEAR ENDING 06/30/2019

Schedule III – Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Page 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)	0	0	0.000000	X 25% or <u>0.00</u>	0.000000
2. Payroll	0	0	0.000000	X 25% or <u>0.00</u>	0.000000
3. Sales (Schedule III-C below)	0	0	0.000000	X 50% or <u>0.00</u>	0.000000
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					0.000000
III-B For use in computing average value of property (use original cost).					
	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods	0	0	0	0	0
2. Buildings and other depreciable assets	0	0	0	0	0
3. Land owned	0	0	0	0	0
4. Other tangible and intangible (financial org. only) assets (attach schedule)	0	0	0	0	0
5. Total (Lines 1 through 4)	0	0	0	0	0
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a. <u>0</u>					
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total Everywhere)..... 6b. <u>0</u>					
7. Rented property (8 times net annual rent)					
a. Rented property in Florida..... 7a. <u>0</u>					
b. Rented property Everywhere 7b. <u>0</u>					
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6a. plus 7a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida..... 8a. <u>0</u>					
b. Enter Lines 6b. plus 7b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere..... 8b. <u>0</u>					
III-C Sales Factor			(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)			N/A		
2. Sales delivered or shipped to Florida purchasers			N/A		
3. Other gross receipts (rents, royalties, interest, etc. when applicable)			0	0	
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])			0	0	
III-D Special Apportionment Fractions (see instructions)			(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T–Annual Report)					0.000000
2. Transportation services					0.000000

Schedule IV – Computation of Florida Portion of Adjusted Federal Income

1. Apportionable adjusted federal income from Page 1, Line 6	1.	(1,690,451)
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.	0.000000
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	0
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	1,690,451
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	1,690,451
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	(1,690,451)



NAME UCF ATHLETICS ASSOCIATION INC

FEIN 56-2334448

TAXABLE YEAR ENDING 06/30/2019

Schedule V – Credits Against the Corporate Income/Franchise Tax

1. Florida health maintenance organization credit (attach assessment notice)	1.	
2. Capital investment tax credit (attach certification letter)	2.	
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.	
4. Community contribution tax credit (attach certification letter)	4.	
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.	
6. Rural job tax credit (attach certification letter)	6.	
7. Urban high crime area job tax credit (attach certification letter)	7.	
8. Hazardous waste facility tax credit	8.	
9. Florida alternative minimum tax (AMT) credit	9.	
10. Contaminated site rehabilitation tax credit (attach tax credit certificate)	10.	
11. State housing tax credit (attach certification letter)	11.	
12. Florida tax credit scholarship program credits (attach certificate)	12.	
13. Florida renewable energy technologies investment tax credit	13.	
14. Florida renewable energy production tax credit	14.	
15. New markets tax credit	15.	
16. Entertainment industry tax credit	16.	
17. Research and Development tax credit	17.	
18. Energy Economic Zone tax credit	18.	
19. Other credits (attach schedule)	19.	0
20. Total credits against the tax (sum of Lines 1 through 19 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	20.	0

Schedule R – Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

<u>Type</u>	<u>Amount</u>
(SEE STATEMENT) _____	_____
_____	_____
_____	_____
Total allocated to Florida	1. _____ 0
(Enter here and on Page 1, Line 8)	

Line 2. Nonbusiness income (loss) allocated elsewhere

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
(SEE STATEMENT) _____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere		2. _____ 0

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2.....	3. _____ 0
(Enter here and on Schedule II, Line 7)	



NAME

FEIN

TAXABLE YEAR ENDING

Estimated Tax Worksheet For Taxable Years Beginning On or After January 1,

- 1. Florida income expected in taxable year 1. \$ _____
- 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) 2. \$ _____
- 3. Estimated Florida net income (Line 1 less Line 2) 3. \$ _____
- 4. Total Estimated Florida tax (5.5% of Line 3) \$ _____
- Less: Credits against the tax \$ _____ 4. \$ _____

5. Computation of installments:

- Payment due dates and payment amounts:
- If 6/30 year end, last day of 4th month, otherwise last day of 5th month - Enter 0.25 of Line 4..... 5a. _____
 - Last day of 6th month - Enter 0.25 of Line 4 5b. _____
 - Last day of 9th month - Enter 0.25 of Line 4..... 5c. _____
 - Last day of taxable year - Enter 0.25 of Line 4 5d. _____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

- 1. Amended estimated tax 1. \$ _____
- 2. Less:
 - (a) Amount of overpayment from last year elected for credit to estimated tax and applied to date 2a. - \$ _____
 - (b) Payments made on estimated tax declaration (Florida Form F-1120ES).... 2b. - \$ _____
 - (c) Total of Lines 2(a) and 2(b) 2c. \$ _____
- 3. Unpaid balance (Line 1 less Line 2(c)) 3. \$ _____
- 4. Amount to be paid (Line 3 divided by number of remaining installments) 4. \$ _____

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated	Rule 12C-1.051, F.A.C.

Statements

Return Reference - Identifier	Explanation
PAGE 2, BOX G-1 - MEMBERS OF CONTROLLED GROUP	UCF ATHLETICS IS A MEMBER OF A PARENT-SUBSIDIARY GROUP. THE MEMBERS OF THE GROUP INCLUDE: THE UNIVERSITY OF CENTRAL FLORIDA BOARD OF TRUSTEES (59-2924021) UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION, INC. (59-3086453) UCF ATHLETICS ASSOCIATION, INC. (59-2334448) UCF STADIUM CORPORATION (20-3794571) UCF FINANCE CORPORATION (20-8919971) UCF CONVOCATION CORPORATION (16-1733312) UCF ACADEMIC HEALTH, INC. (81-2946322) UCF LIMBITLESS SOLUTIONS (47-1944657)
PAGE 4, SCHEDULE IV, LINE 4 - NET OPERATING LOSS CARRYOVER	YEAR GENERATED: 2018 AMOUNT GENERATED: 1,690,451 AMOUNT USED IN PRIOR YEARS: 0 AMOUNT USED IN CURRENT YEAR: 0 AMOUNT REMAINING: 1,690,451

**A COMPLETE COPY OF
THE FORM 990-T
WAS ATTACHED TO THE
STATE INCOME TAX RETURN
PRIOR TO FILING**