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Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year begin		and ending 06-30-20	09				
B Che	eck ıf a	pplicable	Please	C Name of organizatio The University of Co		1			D Employer	identification numbe	r
☐ Add	tress cl	nange	use IRS label or	Inc Doing Business As					06-6070 E Telephone		
Nar	me cha	inge	print or type. See	Doing Business As					•		
Init	ial retu	ırn	Specific	Number and street (	or PO box if mail is	not delivered to street addr	ress) Room/	'suite	(860) 48	6-5000 eipts \$ 10,194,290	
<b>Г</b> Тег	mınatıd	on	Instruc- tions.	2390 Alumnı Drive					d dross rece	apts \$ 10,194,290	
┌ Am	ended	return		City or town, state o	r country, and ZIP +	4	I				
<mark> ⊢</mark> Арр	olication	n pending		Storrs, CT 06268							
			<b>F</b> Nan	ne and address of P	rıncıpal Officer		H(a) ī	s this	a group retu	urn for	
				R V ance	·			affiliate		⊤Yes <b>▼</b> 1	۷o
				Numni Dr CT 06269			11/1-> -		. C. I		<del></del>
I Ta	x-exen	npt status		)(3) <b>4</b> (insert no)	4947(a)(1) or	527			affiliates inclu	uded? Yes   Ist See instructions	
	eb sit	e: ► ww	w foundatio	n uconn edu			_		Exemption		· /
									· · · · · · · · · · · · · · · · · · ·		
<b>К</b> Тур	e of or	ganızatıon	<b> ✓</b> Corporat	ion trust associat	on∣ other ►		<b>L</b> Year	of Form	nation 1964	M State of legal domic	ile CT
Pa	rt I	Sum	mary								
	1			e organization's mis	-						
<u>ခို</u>			•		•	ion is to solicit, receive grams of the University			-		om
Governance		private	sources to	the belieff of all ca	ampuses and pro	grains of the oniversity	y or Conne	cticut	Continued	on Schedule O	
₩.	2	Check	this box	ıf the organization d	liscontinued its o	operations or disposed	of more th	an 25	% of its ass	ets	
ŝ	3		,			t VI, line 1a)			3		48
2 <b>6</b>	4	Numbe	r of ındepen	ident voting membe	rs of the governi	ng body (Part VI, line 1	.b)		4		47
ĕ	5	Total n	umber of en	nployees (Part V , III	ne 2a)				5		497
Activities &	6	Total n	umber of vo	lunteers (estimate	ıf necessary) .				6		125
æ	7a	Total g	ross unrela	ted business reveni	ue from Part VII	[, line 12, column (C)			78	a190	,060
	b	Net unr	elated busi	ness taxable ıncom	e from Form 990	-T, line 34			71	<b>b</b> -3	,352
								Prior	Year	Current Year	
<b>a.</b>	8	Contri	butions and	d grants (Part VIII,	line 1h)				36,038,697	22,510	0,381
anue	9	Progra	am service	revenue (Part VIII,	lıne 2g)			8,783,760	·	2,625	
Reveni	10			me (Part VIII, colur			19,216,571				
_	11		•	,		, 9c, 10c, and 11e)			-311,178	-250	6,350
	12	Total ( 12)	revenue—a	dd lines 8 through 1	.1 (must equal P	art VIII, column (A), lıı	ne		63,727,850	9,559	9,777
	13		s and simila	ar amounts paid (Pa	rt IX, column (A	), lines 1–3)			30,679,363	28,080	0,725
	14	Benefi	ts paid to c	or for members (Part	t IX, column (A),	line 4)					0
ch	15		es, other co	ompensation, emplo	yee benefits (Pa	rt IX, column (A ), lines	5 –		0 074 550	10.11	
Expenses		10)							9,371,550	· ·	
<u>₹</u>	16a			raising fees (Part I)		•				238	8,298
ă	Ь			penses, Part IX, column					0.400.406	6.20	
	17			(Part IX, column (A)					8,429,196	1	5,214
	18 19			oenses Subtract lin	-	X, line 25, column (A))			48,480,109 15,247,741	· · ·	
* or	13	Reven	ue less exp	Jenses Subtract IIII	e 10 nom me 12	-	Ba		g of Year	End of Year	0,021
900 1000 1000 1000 1000 1000 1000 1000	20	Total	accete /Do	rt V line 16)			Ве		96,802,078		2 4 9 2
33 E				rt X, line 16)					· · ·	· ·	
Net Assets or Fund Balances	21			Part X, line 26)	at line 24 from 1	20.20			16,801,148		
	22	_		d balances Subtrac	t line 21 from lir	16 ZU		3	80,000,930	305,39	7,040
Pal	rt II	_	enalties of ne		ave examined this re	eturn, including accompanyin	n schedules	and sta	tements and t	to the hest of my knowl	ledge
						er (other than officer) is bas					
Plea		***						2010-0	3-02		
Sign Here		Sign	ature of office	er				Date			
	-		id R Vance Vide or print nam								
		<b>F</b> ¹ype	or brille liam	c and title						··· (a = - ·	
<u> </u>		Preparer signatur				Date	Check If self-	_	Preparer's PT	IN (See Gen Inst )	
Paid	۔ اندین	em						<u> </u>			
Use (	arer's Only		ame (or yours nployed),	5		EIN ▶					
use (	אוווע		and ZIP + 4	r —							
									Phone no 🕨		
May	he IR	S discus	ss this retu	rn with the preparer	shown above? (	See instructions) .				┌ Yes ┌ No	

Total program service expenses \$

# Part III Statement of Program Service Accomplishments (See the instructions.)

<b>1</b> See A	Briefly describe the organiza additional Data Table	tion's mission			
2	Did the organization unde the prior Form 990 or 99		nıfıcant program services o	during the year which were not listed o	on
	If "Yes," describe these r	new services o	on Schedule O		
3	services?			es in how it conducts any program	
	If "Yes," describe these of	hanges on So	chedule O		
4	Section 501(c)(3) and (4	) organızatıor		ization's three largest program servic re required to report the amount of gra service reported	
	(Code	) (Expenses \$	9,998,134 including	g grants of \$ 9,998,134 ) (Reven	ue \$ 9,998,134 )
	Scholarships, awards and fell	owships were pro	ovided to students. All program e:	xpenses were funded by restricted gifts or by	investment return on endowments
4b	(Code Endowed chairs and professo or by investment return on e			g grants of \$ 8,698,276 ) (Reven ulty compensation and research All program	
4c	(Code Equipment, furniture, and bu return on endowments	) (Expenses \$ Ilding improveme	· ·	g grants of \$ 2,975,638 ) (Reven e university All program expenses were funde	
4d	Other program services (Expenses \$	(Describe in 6,408,677	Schedule O ) including grants of \$	6,408,677 ) (Revenue \$	6,408,677)

28,080,725 Must equal Part IX, Line 25, column (B).

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The University of Connecticut Foundation, Inc.'s mission is to solicit, receive and administer gifts and financial resources from private sources for the benefit of all campuses and programs of the University of Connecticut. The Foundation operates exclusively to promote the educational, scientific, cultural and recreational objectives of the University. As the primary fundraising vehicle to solicit and administer private gifts and grants which will enhance the University's mission, the Foundation supports UConn's pursuit of excellence in teaching, research, and public service.

art TV	Chec	klist of	f Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
				<u>                                       </u>
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🖼	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	<u> </u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

# Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV			
	17	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

	rt V Statements Regarding Other IRS Filings and Tax Compliance			raye
Pd	Statements Regarding Other 1RS Finings and Tax Compilance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		165	140
	of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 166			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b			103	
_	If "Yes," enter the name of the foreign country UK See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> <i>Report of Foreign Bank and</i>			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		No
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).	l _		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
الد	file Form 8282?	7с		No
u	Thes, indicate the number of Forms 6262 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No.
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the			
	year?	8		No
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   12b			

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction	Α.	Governing	Body	and	Management
				,		

					Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,			
1a	Enter the number of voting members of the governing body	1a	48	3		
b	Enter the number of voting members that are independent	1b	47	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		• •	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			. 3		No
4	Did the organization make any significant changes to its organizational documents sfiled? $$ .	since t	he prior Form 990 was	4		No
5	Did the organization become aware during the year of a material diversion of the org	anızat	ion's assets?	5		No
6	Does the organization have members or stockholders?			6		No
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		No
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ui	ndertaken during the			
а	the governing body?			8a	Yes	
ь	each committee with authority to act on behalf of the governing body?			8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?			9a		No
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o		. ,	9b		No
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the		•	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section of the organization's mailing address? If "Yes," provide the names and addresses in Sc	,		11		No

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		Νο
		TOD		140

### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed WV, WI, WA, UT, SC, RI, OR, OK, OH, NY, NM, NJ, NH, ND, MN, MI, ME, MD, MA, LA, KY, KS, IL, HI, DC, CO, CA, AZ, AK
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. 

  upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

David Vance VP for Finance 2390 Alumni Drive Storrs, CT 06268 (860) 486-5000

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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, or 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

The check this box in the organization and i	(B) Average hours per week	Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Software ID: Software Version:

**EIN:** 06-6070722

Name: The University of Connecticut Foundation

Inc

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	a									
		Posit t	(C non ( hat a	chec		II			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Former Highest compensated employee Key employee Officel Institutional Trustee Inclinidual Trustee Inclinidual Trustee		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
William H Trachsel , Director	1 00	Х						0	0	0
Timothy A Holt , Director	1 00	Х						0	0	0
Suzanne O'Conor , Legal Counsel	40 00					Х		146,149	0	14,215
Stephen J Sills , Director	1 00	Х						0	0	0
Sheldon F Kasowitz , Director	1 00	Х						0	0	0
Sharon L Nunes , Director	1 00	Х						0	0	0
Samuel D Ewing Jr , Director	1 00	Х						0	0	0
Ronald P McIntosh , Director	1 00	Х						0	0	0
Roger H Felberbaum , Director	1 00	Х						0	0	0
Robert W RisCassi , Director	1 00	Х						0	0	0
Philip J Lofts , Director	1 00	Х						0	0	0
Mickey E Herbert , Director	1 00	Х						0	0	0
Michael Konover , Director	1 00	Х						0	0	0
Mary Ann W Gilleece , Director	1 00	Х						0	0	0
Marsha P Roth , Director	1 00	Х						0	0	0
Mark S Rudy , Director	1 00	Х						0	0	0
Mark R Shenkman , Director	1 00	Х						0	0	0
Mark L Boxer , Director	1 00	Х						0	0	0
Mark E Freitas , Director	1 00	Х						0	0	0
Lisa Baronio , Vice President	40 00			Х				195,831	0	30,260
Lionel H Olmer , Director	1 00	Х						0	0	0
Kevin Edwards , AVP Treasury	40 00				Х			166,231	0	28,524
Kenneth Goebel , Exec Prin Gift	40 00					Х		135,222	0	22,110
Kelvın Cooper , Dırector	1 00	Х						0	0	0
Keith R Fox , Director	1 00	Х						0	0	0
Kathryn A Cassidy , Director	1 00	Х						0	0	0
Kathleen A Murphy , Director	1 00	Х						0	0	0
Joseph C Papa Jr , Director	1 00	Х						0	0	0
John W Rafal , Director	1 00	Х						0	0	0
John Martın , Presıdent	40 00			Х				364,960	0	65,887

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa			(0	•						
		Posit t	non ( hat a			l			<b>(5)</b>	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
John L Ritter , Director	1 00	Х						0	0	0
John Krenicki Jr , Director	1 00	X						0	0	0
John A Cutler , Dırector	1 00	X						0	0	0
Jay F Malcynsky , Director	1 00	Х						0	0	0
Janet M Hansen , Director	1 00	Х						0	0	0
Hal C Reed , AVP Plan Giving	40 00					Х		147,509	0	23,546
Gwendolyn Smith Iloani , Director	1 00	Х						0	0	0
Gerald M Lieberman , Director	1 00	Х						0	0	0
Frank A Milone , Director	1 00	Х						0	0	0
Elease E Wright , Director	1 00	Х						0	0	0
Douglas G Elliot , Director	1 00	Х						0	0	0
Denis M McCarthy , Director	1 00	Х						0	0	0
Deborah Cunningham , AVP Adv Services	40 00					х		133,896	0	25,013
David R Vance , Vice President	40 00			Х				172,925	0	21,083
David P Marks , Director	1 00	Х						0	0	0
David I Barton , Director	1 00	Х						0	0	0
Daniel D Toscano , Director	1 00	Х						0	0	0
Coleman B Levy , Director	1 00	Х						0	0	0
Clinton G Gartin , Director	1 00	Х						0	0	0
Christopher M Riley , Director	1 00	Х						0	0	0
Cheryl W Grise , Director	1 00	Х						0	0	0
Charlene G Polino , Director	1 00	Х						0	0	0
Catherine Dudley , Director	1 00	Х						0	0	0
Brian Otis , AVP Campaign Oper	40 00					Х		136,269	0	24,923
Anthony Crosby , Director	1 00	X						0	0	0
Andy F Bessette , Director	1 00	Х						0	0	0
Alan R Bennett , Director	1 00	Х						0	0	0

### Part VII Continued

(A) Name and Title  (B) Average hours per week  (B) Reportable compensation from related organizations (W- 2/1099-MISC)  (W- 2/1099-MISC)  (W- 2/1099-MISC)			(C) Position (check all that apply)				all			(E)	(F)
	(A)	Average hours per	Individual Trustee or Director	Truste	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	+										
	+				$\vdash$			$\vdash$			
	<del></del>										
1b Total	1b Total			•	-			<b>-</b>	1,598,992		255,561

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►15

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
		-	165	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
University Catering Unit 1230 CAT Storrs, CT 06269	Catering	260,169
CIGNA Healthcare 900 Cottage Grove Rd Hartford, CT 06152	Health Insurance	437,828
Brevan Howard Fund LTD Bishops Sq Redmonds Hill,3rd fl, Dublin 2 EI	Investment MGMT	387,152
Albourne America LLC One Ferry Building Suite 280 San Francisco, CA 94111	Investment Consult	260,000
Aetna PO Box 804735 Chicago, IL 60680	Health Insurance	448,892
2 Total number of independent contractors (including those in 1) who received more than from the organization		19

# Statement of Revenue

				(A) Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	1a				
nts nts	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	c	Fundraising events	1b				
gift	d	Related organizations Government grants (contributions)	. 1d				
rtions er sin	e f	All other contributions, gifts, grants, a similar amounts not included above	nd 21,501,392				
atribu Hoth	g	<b>1f</b> <b>g</b> Noncash contributions included in					
S E	h	lines 1a-1f \$ 1,601,8 <b>Total (Add lines 1a-1f)</b>		22,510,381			
			Business Code				
ìш	2a	Univ Fee for Services	999,999		9,027,651		
98 Se	Ь	Univ Endow Admin Fee	999,999	174,974	174,974		
93	c						
≥	d						
6	e						
Program Serwce Revenue	f	All other program service reve					
<u></u>	g	Total. Add lines 2a-2f					
	3	Investment income (including other similar amounts)		6,570,221			6,570,221
	4	Income from investment of tax-exem	▶	0			
			▶	0			
	5	Royalties	(II) Personal	0			
	6a	Gross Rents					
	b	Less rental expenses					
	с	Rental income					
	d	or (loss)  Net rental income or (loss)		0			
		(ı) Securities	(II) O ther				
	7a	Gross amount -28,467,1 from sales of assets other	.00				
	ь	than inventory Less cost or other basis and					
		sales expenses	00				
	c d	Net gain or (loss)		-28,467,100		-190,060	-28,277,040
<u>e</u>	8a	Gross income from fundraising events (not including \$356,923 of contributions reported on lin					
Other Revenue		1c) See Part IV, line 18 Attach Schedule G if total exceed	5				
ξ.	ь	\$15,000	2,000,505				
Ţţ.	c	Net income or (loss) from fundi		-277,170			-277,170
J	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
			<b>a</b> 21,240				
	b c	Less direct expenses Net income or (loss) from gami		20,820			20,820
	10a	Gross sales of inventory, less returns and allowances					
	ь	Less cost of goods sold	a				
	С	Net income or (loss) from sales		0			
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	С						
	d	All other revenue	_ [				
	e	Total. Add lines 11a-11d	\$				
	12	Total Revenue. Add lines 1h, 2		9,559,777	9,202,625	-190,060	-21,963,169
		8c, 9c,10c, and 11e	▶				

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
Do r	ot include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	28,080,725	28,080,725								
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0									
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0									
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors, trustees, and key employees	1,045,701		555,685	490,017						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0									
7	Other salaries and wages	7,222,398			5,850,322						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	597,578		113,525	484,053						
9	Other employee benefits	942,334		179,020	763,314						
10	Payroll taxes	607,550		115,419	492,131						
11	Fees for services (non-employees)										
а	Management	0									
b	Legal	50,822		9,655	41,167						
c	Accounting	125,092		125,092							
d	Lobbying	30,000		5,699	24,301						
e	Professional fundraising See Part IV, line 17	238,298			238,298						
f	Investment management fees	2,407,082		2,407,082							
g	Other	24,726		4,697	20,029						
12	Advertising and promotion	5,572		1,059	4,513						
13	Office expenses	630,023		119,689	510,334						
14	Information technology	370,955		70,472	300,483						
15	Royalties	0									
16	Occupancy	243,059		46,175	196,884						
17	Travel	186,072		35,349	150,723						
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0									
19	Conferences, conventions and meetings	88,127		16,742	71,385						
20	Interest	279,893		53,173	226,720						
21	Payments to affiliates	0									
22	Depreciation, depletion, and amortization	332,497		63,166	269,331						
23 24	Insurance	88,468		16,807	71,661						
	total expenses shown on line 25 below )										
а	Special Events	196,124		37,264	158,860						
b	Service Contracts and Rentals	170,016		32,299	137,717						
c	Reimburse Univ for Fundr Exp	671,925			671,925						
d	Donor Cultivation & Promotion	133,436			133,435						
e	Credit Card Fees	84,993		16,149	68,844						
f	All other expenses	186,332		35,403	150,929						
25	Total functional expenses. Add lines 1 through 24f	45,039,798	28,080,725	5,431,697	11,527,376						
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Part X B	lance	Sheet
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					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			1,694,950		7,477,399
	2	Savings and temporary cash investments			1,702,437	2	4,103,498
	3	Pledges and grants receivable, net			24,862,164	3	21,580,803
	4	Accounts receivable, net			346,864	4	194,140
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L	yees or		5	0	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S				6	0
	7	Notes and loans receivable, net				7	O
	8	Inventories for sale or use				8	ď
Assets	9	Prepaid expenses and deferred charges			43,463	9	36,707
	10a	Land, buildings, and equipment cost basis	10a 8,210,491				
	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	3,190,143	5,193,937	10c	5,020,348
	11	Investments—publicly traded securities		•	180,582,957	11	145,042,156
	12	Investments—other securities See Part IV, line 11 <i>Complete Par Schedule D</i>		125,508,211	12	85,690,149	
	13	Investments—program-related See Part IV, line 11 $\it Complete Pair of Schedule D$ .			13	O	
	14	Intangible assets				14	O
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		56,867,095	15	52,997,292	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			396,802,078	16	322,142,492
	17	Accounts payable and accrued expenses .		6,628,037	17	6,874,909	
	18	Grants payable				18	
	19	Deferred revenue		42,848	19	39,983	
	20	Tax-exempt bond liabilities		7,165,000	20	6,955,000	
<u>, o</u>	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		2,821,349	21	2,735,321	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			143,914	25	140,239
	26	<b>Total liabilities.</b> Add lines 17 through 25			16,801,148	26	16,745,452
<b>У</b>		Organizations that follow SFAS 117, check here ► ↓ and complet through 29, and lines 33 and 34.	ete lines 21	7			
Balance	27	Unrestricted net assets			9,404,905	27	-24,944,960
<u> </u>	28	Temporarily restricted net assets			109,977,951	28	72,984,000
Ę	29	Permanently restricted net assets		260,618,074	29	257,358,000	
or Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31		
	32	Retained earnings, endowment, accumulated income, or other fun			32		
ĕ	33	Total net assets or fund balances		380,000,930	33	305,397,040	
_	34	Total liabilities and net assets/fund balances			396,802,078	34	322,142,492
		Financial Chatamanta and Barry Co.					
Pa	rt XI	Financial Statements and Reporting					

Dawl VI	Financial	Statements		Danastina
yarır XI	- Financiai	Statements	ana	Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
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?	3a		Νο
Ь	If "Yes," did the organization undergo the required audit or audits?	3b		Νο

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

**Public Charity Status and Public Support** 

DLN: 93493061010010

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A** (Form 990 or 990EZ)

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)Department of the Treasury nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions. Internal Revenue Service

Open to Public Inspection

The U	nıversıt	y of Connecticu	it Foundation					0.6	-607072:	<b>7</b>	
Pa	rt I	Reason	for Public C	harity Status (to be co	mnleted	hv all or	nanizatio				
				ation because it is (Please					moduce	.101137	
1	Г			nurches, or association of ch					A)(i).		
2	<u></u>	•		tion 170(b)(1)(A)(ii). (Attac				( - ) ( - ) (	/(-/-		
3	,			e hospital service organizati		•	tion 170(l	ο)(1)(Δ)(i	ii). (Attac	h Schedu	le H )
4	,		·	zation operated in conjuncti			-				•
-	'		name, city, and	•	011 MICH 4 1	noopital a			_, _(_,	(,,,,,,,,,,	
5	Г	•		or the benefit of a college or	universit	v owned o	r onerated	l hy a dove	rnmental	unit desc	rihed in
•	,			(Complete Part II )	annversie	, omica o	Горегисси	i b, a gov	. minicintar	ame acse	indea iii
6	Г			• •	unit descr	nhed in <b>Se</b>	ction 170	(b)(1)(A)	(v)		
7	,  v	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).									
•	,	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )									
8	$\vdash$		-	ped in Section 170(b)(1)(A)	•	nlata Par	+ TT \				
9	<u>'</u>		•	ally receives (1) more than		•	•	antrihiitior	s membe	rshin fees	s and aross
-	'			lated to its exempt functions							
				estment income and unrelate	-		•		•		
		acquired by the organization after June 30, 1975 See <b>Section 509(a)(2).</b> (Complete Part III )									
10	Г			and operated exclusively to						ee instruc	tions )
11	Ē	=	<del>-</del>	and operated exclusively fo	-		-				•
	•	-	-	orted organizations describe					•	•	•
				type of supporting organiza					_		
	_	a   T	• •		Type III				d		e III - Other
е	ļ	•		rtify that the organization is agers and other than one or			-				
		section 50		agers and other than one or	more publ	псту зарр	orteu orga	11124110113	Jeschbeu	ili sectioi	1303(a)(1)01
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organizatio <u>n,</u>
		check this						ć.,			Г
g		following pe		as the organization accepte	d any gift	or contrib	ution from	any of the	!		
				rindirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) bel	low, the governi	ng body of the the supported	d organiza	tion?				11g	-
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(	
		(iii) a 35%	controlled enti	ty of a person described in (	(i) or (ii) al	bove?				11g(	
h				mation about the organizatio			supports				
		ame of	(ii) EIN	(iii) Type of organization		s the		ou notify		s the	(vii) A mount of
		orted		(described on lines 1 - 9		ation in		inization		ation in	support?
	O rgan	ıızatıon		above or IRC section (See Instructions))	yourgo	listed in	In col (I	i) of your		rganized US?	
				(See Instructions)		nent?	3401	, o i c ·	"" ""	5 5 .	
	Yes No Yes No						1				
				_							

Total

# Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	keu tile box o	n line 5, 7, or	0 01 Part 1.)				
	ublic Support	T						
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e)	2008	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	35,837,096	29,977,411	29,384,605	36,038,697	·	22,502,695	153,740,504
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 line 1-3	35,837,096	29,977,411	29,384,605	36,038,697		22,502,695	153,740,504
5	The portion of total contribution by each	, ,	, ,	, ,	, ,			
J	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							14,889,161
6	Public Support subtract line 5 from line 4							138,851,343
T	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	35,837,096	7,823,953	29,384,605	36,038,697	7	22,502,695	153,740,504
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	6,163,670	7,823,953	9,837,204	10,318,545		6,570,221	40,713,593
9	sources Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )							0
11	Total Support (Add lines 7 through 10)							194,454,097
12	Gross receipts from related activities, etc	(See instruction	ıs)			12		18,106
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, third	l, fourth, or fifth	tax year as a 5	01(c)(		▶
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		71.410 %
15	Public Support Percentage for 2007 Sched	lule A , Part IV - A	, line 26f			15		77.250 %
	33 1/3% Test - 2008. If the organization di and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	s a publicly supp	orted organizati	on				<b>▶</b>  ✓
17a	box and <b>stop here.</b> The organization qualifi <b>10% Facts and Circumstances Test - 2008.</b> more, and if the organization meets the "facts and circumstances and circumstances and circumstances are under the stop organization meets."	If the organization	on did not check ances" test, che	a box on line 1: eck this box and	<b>stop here.</b> Exp	laın ın	Part IV ho	
b	10% Facts and Circumstances Test - 2007. more, and if the organization meets the "facts and circumstances and circumstances" the organization meets the "facts and circumstances" and circumstances are the section of the organization meets the "facts and circumstances" and circumstances are the section of the organization meets the "facts and circumstances" and circumstances are the section of the organization meets the "facts and circumstances" and circumstances are the section of the organization meets the "facts and circumstances" and circumstances are the section of the organization meets the "facts and circumstances" and circumstances are the section of the organization meets the "facts and circumstances" and circumstances are the section of the organization meets and circumstances are the section of the organization meets and circumstances are the section of the organization meets are the section of the organization meets and circumstances are the section of the organization meets are the section of the organization of the organization meets are the section of the organization	If the organization of the community of	on did not check ances" test, che	a box on line 1: eck this box and	3, 16a, 16b, or I <b>stop here.</b> Exp	17a ai Iain in	nd line 15 i Part IV ho	s 10% or
18	Private Foundation. If the organization did							F-1 ▶□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)								
	Facts and Circumstances Test								

Schedule A (Form 990 or 990-EZ) 2008

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury

# **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Open to Public

Interna	ternal Revenue Service To be completed by organizations described below. Attach to Form 990 or Form 990-EZ					Inspection
<ul><li>Se</li><li>Se</li></ul>	ection 501(c)(3) org	ganızatıons co than section 5	s," to Form 990, Part IV, Line 3, or mplete Parts I-A and B Do not complete 01(c)(3)) organizations complete Part I-A only	te Part I-C	•	
If th ♣ Se	e organization arection 501(c)(3) org	nswered "Ye ganızatıons that	s," to Form 990, Part IV, Line 4, o have filed Form 5768 (election unde	r section 501(h)) d	complete Part II-A Do not coi	mplete Part II-B
lf th	e organization a	nswered "Ye	: have NOT filed Form 5768 (election i s," to Form 990, Part IV, Line 5 (P zations complete Part III		(h)) Complete Part II-B Do n	ot complete Part II-A
Na	me of the organiza University of Connec	ition	·		Employer iden 06-6070722	tification number
Par			y all organizations exempt e the instructions for Schedule			527
1	Provide a descri	ption of the or	ganization's direct and indirect polit	ıcal campaıgn act	civities in Part IV	
2	Political expend	itures				\$
3	V olunteer hours					
Par		ompleted bodule C for d	y all organizations exempt etails.)	under sectio	<b>n 501(c)(3).</b> (See the	instructions
1	Enter the amoun	t of any excise	tax incurred by the organization un	der section 4955	5	\$
2	Enter the amoun	t of any excise	e tax incurred by organization manag	jers under sectio	n 4955	\$
3	If the organization	on incurred in	a section 4955 tax, did it file Form 4	1720 for this year	-7	┌ Yes ┌ No
4a	Was a correction	n made?				┌ Yes ┌ No
ь	If "Yes," describ					
Par			y all organizations exempt for Schedule C for details.)	under section	n 501(c), except sect	ion 501(c)(3).
1	Enter the amoun	t directly expe	ended by the filing organization for se	ection 527 exemp	ot function activities	\$
2	527 exempt funt	tion activities	rganızatıon's ınternal funds contrıbı			\$
3	1120-POL, line	17b	mpt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$
4			form 1120-POL for this year?			☐ Yes ☐ No
5	were made Ente political contribi	r the amount p utions received	nd Employer Identification Number ( and and indicate if the amount was p d and promptly and directly delivered action committee (PAC) If additiona	oald from the filing d to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	<b>(a)</b> Namo	e	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
				+	+	<del>                                     </del>

section 4911 tax for this year?

┌ Yes ┌ No

P		organizations exempt under section 501(c)(3		68
_		tion 501(h)). (See the instructions for Schedule C	for details.)	
		belongs to an affiliated group checked box A and "limited control" provisions apply		
	Limits on Lol (The term "expenditure	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals	
<b>1</b> a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)	60,000	
b	Total lobbying expenditures to influe	20,404		
c	Total lobbying expenditures (add line	80,404		
d	Other exempt purpose expenditures	44,959,393		
е	Total exempt purpose expenditures (	45,039,797		
f	Lobbying nontaxable amount Enter t columns—	1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a Enter -	0 - ıf lıne g ıs more than lıne a		
i	Subtract line 1f from line 1c Enter - (			

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period											
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) Total						
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000						
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000						
_c	Total lobbying expenditures	38,499	47,828	55,819	80,404	222,550						
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000						
е 	Grassroots ceiling amount (150% of line d, column (e))					1,500,000						
f	Grassroots lobbying expenditures	26,913	30,000	30,000	60,000	146,913						

	<b>5768 (election under section 501(h)).</b> (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
<b>-</b>	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016		) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(		,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	art II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental Information							
Ident if ier	Return Reference	Explanation					

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

**Employer identification number** Name of the organization The University of Connecticut Foundation 06-6070722 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

**►** \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	Organizations Maintaining Co	llections of Art,	, His	tori	cal 7	Treası	ıres, or Otl	<u>he</u> ı	r Simila	r Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ne fol	lowing	g that ar	re a sıgnıfıcan	t us	se of its co	ollection	ו	
а	Public exhibition		d	$\vdash$	Loa	n or exc	hange progra	ms				
ь	Scholarly research		e	Γ	O th	er						
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n hov	w the	v furt	her the o	organization's	eχ	empt purp	osein		
•	Part XIV	one can a capital			,		organization o	Ū,	opc pu.p			
5	During the year, did the organization solicit							sım	ılar	_		_
Б-	assets to be sold to raise funds rather than t								1 1137		Yes	∏ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an ar						anization an	SWE	ered res	5 (O FC	פ ווו זפ	90,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?						or other asset	ts n	not	Г	Yes	√ No
ь	If "Yes," explain why in Part XIV and comple	te the following tabl	e									
	, , ,	j								A mou	ınt	
c	Beginning balance						1	c				
d	Additions during the year						1	d				
e	Distributions during the year						1	e				
f	Ending balance						1	f				
2a	Did the organization include an amount on Fe	orm 990, Part X. line	21?							굣	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV		_							•	-	,
	rt V Endowment Funds. Complete		ans	were	ed "Y	es" to	Form 990, F	Part	t IV, line	10.		
		(a)Current Year		)Prior			wo Years Back				)Four Y	ears Back
1a	Beginning of year balance	314,454,000										
b	Contributions	6,768,000										
c	Investment earnings or losses	-63,238,000										
d	Grants or scholarships											
e	Other expenditures for facilities and programs	-10,082,000										
f	Administrative expenses	-3,870,000										
g	End of year balance	244,032,000										
2	Provide the estimated percentage of the yea	r end balance held a	S									
а	Board designated or quasi-endowment	0 100 %										
ь	Permanent endowment ► 97 900 %											
c	Term endowment ► 2 000 %											
3a	Are there endowment funds not in the posse	ssion of the organiza	ition	thata	are he	eld and a	administered i	for t	the			
	organization by	Ç									Yes	No
	(i) unrelated organizations									3a(i)		No
_	(ii) related organizations							•		3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•						•		3b		No
4 Dar	Describe in Part XIV the intended uses of the type of type of the type of type of the type of type					000 0	art V line 1	<u> </u>				
rai	t VI Investments—Land, Building	s, and Equipmen	1 <b>1.</b> 3				· ·			T		
	Description of investment					or other estment)	( <b>b)</b> Cost or oth basis (other)		(c) Depred	ciation	( <b>d</b> ) Bo	ok value
1a	Land							1				
	Buildings		•				5,932,2	14	1,4	16,086		4,516,128
	Leasehold improvements						98,2	-	-,	34,375		63,838
d I	Equipment						33,5	_		16,787		16,786
	Other						2,146,4	$\dashv$		22,895		423,596
Гotа	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colum	ın (B,	), line	10(c,	).)		_				5,020,348
	· · · · · · · · · · · · · · · · · · ·								Sched	ule D (F		90) 200

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method	l of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	85,690,149		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		l of valuation year market value
			_
<b>Part IX</b> Other Assets. See Form 990, Part X, col (B) line 13 ) Part IX	no 15		
(a) Descri			(b) Book value
Funds Held in Trust by Other			8,900,196
Deferred Bond Issuance			423,704
CSV - Life Insurance Policies			170,183
			,
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		52,997,292
Part X Other Liabilities. See Form 990, Part X	K, line 25.	1	
(a) Description of Liability	(b) A mount	-	
Federal Income Taxes		  -	
Accrued Debt Service Interest	140,239	-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	
		-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	140,239	1	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,559,777
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	45,039,798
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-35,480,021
4	Net unrealized gains (losses) on investments	4	-39,123,524
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-39,123,524
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-74,603,545
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	-31,336,738
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-41,530,606
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,193,868
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-634,091
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	9,559,777
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	43,266,807
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments	-	
c 	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	_	624.004
e	Add lines 2a through 2d	2e	634,091
3	Subtract line 2e from line 1	3	42,632,716
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIV)	1	2 407 002
C E	Add lines 4a and 4b	4c	2,407,082
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	45,039,798

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

# Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	At June 30, 2009, the Foundation had no liability for uncertain tax liability positions under FIN 48
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	Investment Fees \$2407082
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Special Event Expense \$634091
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Unrealized Losses on Investments \$ -0
Part V , Line 4	Part V, Line 4 Intended uses of the endowment fund	The Foundation's endowment funds provide scholarships to University of Connecticut students, compensation and research support for University of Connecticut faculty, and general program support for University of Connecticut academic and athletic programs. The use of all endowment funds is subject to any restrictions placed on the funds by donors. All disbursements are subject to the Foundation's policy on disbursements including the amount of the expenditure must be reasonable, for a legitimate business purposes, and with no private benefit.
Part IV , Line 2b	Part IV, Line 2b Explanation of escrow account liability	The Foundation is the trustee of several charitable remainder trusts and has entered into contracts with donors for charitable gift annuities. The present value of the liability for future payments is reflected on the Foundation's balance sheet.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493061010010

SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

<u>0 Μ Β Νο 1545-0047</u> **2 Λ Λ Ω** 

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

internal Revenue Service				· •	•	Inspection																
Name of the organization					Employer ider	ntification number																
The University of Connect	cicut Foundation				06 6070733																	
Inc					06-6070722																	
Part I Fundraisin	<b>g Activities.</b> Complete	ıf the or	rganızatı	ion answered "Yes" t	to Form 990, Part IV	, line 17.																
1 Indicate whether the	organization raised funds	through ar	ny of the f	following activities Che	eck all that apply																	
a Mail solicitations	5			e 🔽 Solicitation of r	non-government grants																	
<b>b</b> Email solicitation	าร			f Solicitation of	government grants																	
c 🔽 Phone solicitatio	ns			g 🔽 Special fundrais	sing events																	
<b>d</b> ✓ In-person solicit	ations																					
or key employees lis  b If "Yes," list the ten	have a written or oral agree ted in Form 990, Part VII) highest paid individuals or at least \$5,000 by the orga	or entity i	in connec	tion with professional f	undraising activities? ents under which the fur																	
(i) Name of individua or entity (fundraiser	I (III) A CTIVITY	(iii) Did fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization						
		Yes	No																			
		1																				
	<del> </del>																					
			<u> </u>																			
Total			<u> </u>																			

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

WY, VA, VT, TX, TN, SD, PA, NC, NV, NE, MT, MO, MS, IA, IN, ID, GA, FL, DE, CT, AR, WI, WV, DC, WA, UT, SC, RI, OR, OK, OH, ND, NY, NM, NJ, NH, MN, MI, MA, MD, ME, LA, KY, KS, IL, HI, CO, CA, AZ, AK, AL

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	( <b>d)</b> Tot (Add col		
			Calhoun Celebrity Golf Classic (event type)	Imagine Gala (event type)	(total number)		( <b>c)</b> )	roug.
£Ε	1	Gross receipts	356,899	281,095	698,654		1,33	6,648
Revenue	2	Less Charitable contributions	264,167	210,036	527,100		1,00	1,303
	3	Gross revenue (line 1 minus line 2)	92,732	71,059	171,554		33	5,345
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
ā ĸ	7	Other direct expenses	210,658	83,260	284,351			8,269
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)	🛌		57	8,269
	9	Net income summary Combine lir	nes 3 and 8 in column (d	)			-24	2,924
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
	1	Gross revenue			21,240		2	1,240
နွေ	2	Cash prizes						
Expenses	3	Non-cash prizes						
ញ់ ប្ដ	4	Rent/facility costs						
Direct	5	Other direct expenses			420			420
	6	Volunteer labor	Yes	Yes	Yes			
	7	Direct expense summary Add lines	s 2 through 5 ın column (	(d)				420
	8	Net gaming income summary Com	bine lines 1 and 7 in coli	ımn (d)			2	0,820
							Yes	No
9 a		er the state(s) in which the organiza he organization licensed to operate		-		. 9a	Yes	
b	If"N	No," Explain						
10a b		e any of the organization's gaming l Yes," Explain	ıcenses revoked, susper	nded or terminated during	g the tax year?	10a	ऻ	No
U		. co, Explain						
11		s the organization operate gaming a	activities with nonmembe	ars?			Yes	
12		he organization a grantor, beneficiai					1 63	

			165	140					
13	Indicate the percentage of gaming activity operated in								
а	The organization's facility	_							
Ь	An outside facility	<u>,                                     </u>							
14	Provide 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?	15a		Νο					
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								
	Name 🟲	_							
	Address ►								
16	Gamıng manager ınformatıon								
	Name 🟲								
	Gaming manager compensation 🕨 \$								
	Description of services provided 🕨								
	Director/officer Employee Independent contractor								
17	Mandatory distributions								
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		Νo					
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent								

Software ID: Software Version:

**EIN:** 06-6070722

Name: The University of Connecticut Foundation

Form 990 Schedule G - Licensed States	_
Licensed States	_
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**(b)** EIN

DLN: 93493061010010

Schedule T (Form 990)

# **Grants and Other Assistance to Organizations.** Governments and Individuals in the U.S.

OMB No 1545-0047

Open to Public

(h) Purpose of grant

or assistance

(a) Description of

(book, FMV, appraisal, non-cash assistance

Department of the Treasury Internal Revenue Service

1(a) Name and address of

organization

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

Inspect ion Name of the organization Employer identification number The University of Connecticut Foundation 06-6070722 Parial General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on

(e) A mount of non-

cash

(f) Method of valuation

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is

(d) A mount of cash

grant

(c) IRC section

ıf applicable

or government			<b>5</b>	assistance	other)	
University of Connecticut 343 Mansfield Rd Storrs, CT 06269	06-0772160		28,080,725	0		
2 Enter total number of seconganizations	tion 501(c)(3) and	government				1

Enter total number of other organizations.

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line	22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

See Additional Data Table

oce Additional Bata Table						
Ident if ier	Return Reference	Explanation				
Additional Supplemental Information		Fund Administration staff in Finance and Controls is responsible for monitoring all disbursements from a grant to ensure compliance with the approved budget of a grant				

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As Filed Data -

DLN: 93493061010010

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Name of the organization

The University of Connecticut Foundation

Internal Revenue Service

**Compensation Information** 

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public . Inspection

Inc			06-6070	J722		
Pa	t I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First class or charter travel	$\Gamma$	Housing allowance or residence for personal	use		
	Travel for companions	$\sqcap$	Payments for business use of personal resid	ence		
	Tax idemnification and gross-up payments	<u> </u>				
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, che	f)		
b	If line 1a is checked, did the organization follow a writt provision of all the expenses described above? If "No,			1ь	Yes	
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive D			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that	: appl	у			
	Compensation committee		Written employment contract			
	✓ Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations		Approval by the board or compensation com	mittee		
4	During the year, did any person listed in Form 990, Pa	rt V I	I, Section A, line 1a			
а	Receive a severance payment or change of control pay	men	t?	4a		No
b	Participate in, or receive payment from, a supplementa	al nor	iqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde tl	ne applicable amounts for each item in Part III	1		
	501(c)(3) and 501(c)(4) organizations only must comp	plete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des		, ,	7		No
8	Were any amounts reported in Form 990, Part VII, pai subject to the initial contract exception described in R in Part III					

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Suzanne O'Conor	(1) (11)	143,149	3,000			14,215	160,364	77,134
Lisa Baronio	(1) (11)	195,831				30,260	226,091	111,924
Kevin Edwards	(1) (11)	162,231	4,000			28,524	194,755	87,907
Kenneth Goebel	(ı) (ıı)	135,222				22,110	157,332	76,480
John Martin	(ı) (ıı)	319,960	45,000		35,154	30,733	430,847	191,947
Hal C Reed	(1) (11)	147,509				23,546	171,055	81,611
Deborah Cunningham	(1) (11)	131,896	2,000			25,013	158,909	
David R Vance	(1) (11)	170,425	2,500			21,083	194,008	93,803
Brian Otis	(1) (11)	133,269	3,000			24,923	161,192	79,254
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

## Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	Compensation listed in Column F was reported on the 2007 Form 990 which was reported on a Fiscal Year basis. This form is reported on a Calendar Year basis so the period of 1/1/08 to 6/30/08 was reported on form 990 for both years Mr. Martin joined a club, which is provided through his employment contract. The cost of the club was \$6,368 with \$2,738 considered non-taxable. His contract also provides for a membership in the Hartford Club for business related meetings. The amount in 2008 was \$3,098 and was all considered non-taxable. During 2008 a \$25,000 payment was allocated by the Foundation to a deferred compensation plan established under Section 457 (f). This amount is payable to the Foundation's President, John Martin, upon termination from employment, subject to the terms of a two year covenant not to compete. An additional payment in the amount of \$10,154 was allocated by the Foundation to a second deferred compensation plan also established under Section 457 (f). This amount is also payable to Mr. Martin upon termination from employment subject to the terms of a two year covenant not to compete.
-		
-		

**Software ID:** 08000091

**Software Version:** 2008v2.7

**EIN:** 06-6070722

Name: The University of Connecticut Foundation

**Return to Form** 

Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule 3, Part II - Officers, Directors, Trustees, key Employees, and Highest Compensated Employees								
(A) Name	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
Suzanne O'Conor (II)		3,000			14,215	160,364	77,134	
Lisa Baronio (i)					30,260	226,091	111,924	
Kevin Edwards (1)		4,000			28,524	194,755	87,907	
Kenneth Goebel (1)					22,110	157,332	76,480	
John Martin (1)		45,000		35,154	30,733	430,847	191,947	
Hal C Reed (1)					23,546	171,055	81,611	
Deborah Cunningham		2,000			25,013	158,909		
David R Vance	) 170,425 )	2,500			21,083	194,008	93,803	
Brian Otis (i)		3,000			24,923	161,192	79,254	
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DLN: 93493061010010

OMB No 1545-0047

## **Supplemental Information on Tax Exempt Bonds**

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspect ion

	e of the organization									Employer	identificat	ion numi	oer	
I ne Inc	University of Connecticut Founda	ation								06-6070	722			
	art I Bond Issues (Requi	red for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	<b>(f)</b> Des	(f) Description of Purpose		(g) Defeased		Beh	On alf of uer
											Yes	No	Yes	No
A	CHEFA	06-0806186	20774UJD8	01-23-	2007	7,3	252,762	Refund Serie financed the				x		x
Pa	rt III Proceeds (Optional	for 2008)			'					_	•	•		
1	Total Proceeds of Issue				4	E	3		:		)	+	Е	
2	Gross Proceeds in Reserve Fu	nds												
3	Proceeds in Refunding or Defe	asance Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds	S												
6	Working Capital Expenditures	from Proceeds												
7	Capital Expenditures from Pro	ceeds												
8	Year of Substantial Completion	n				•		•						
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	:	No
9	Were the bonds issued as part	of a current refunding iss	sue?											
10	Were the bonds issued as part	of an advance refunding	ıssue?											
11	Has the final allocation of proc	eeds been made?												
12	Does the organization maintain final allocation of proceeds?	n adequate books and rec	ords to support the											
Pai	rt IIII Private Business U	se (Optional for 2008	)			_								
					ı		3					+	<u>E</u>	
1	Was the organization a partner which owned property financed		mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
2	Are there any lease arrangeme which may result in private bu		nanced property											
For I	Paperwork Reduction Act Notice, se	e the Instructions for Form	990			Cat No 501	93F			S	chedule K	(Form 99	0) 2008	

Are there any management or service contracts with respect to the financed property which may result in private business use?  3b. Are there any research agreements with respect to the financed property which may result in private business use?  3c. Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?  4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government  5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government  6 Total of lines 4 and 5  7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?  Part V Arbitrage (Optional for 2008)  1 Has a Form 8038-T been filed with respect to the bond issue?  2 Is the bond issue a variable rate issue?  3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  4b Name of provider  4c Term of ledge  4a Were gross proceeds invested in a GIC?  4 Is the portional for 2008 invested in a GIC?  5 Is the pond issue qualify for an exception to rebate?	C	B	D	E
financed property which may result in private business use?  3b Are there any research agreements with respect to the financed property which may result in private business use?  3c Does the organization routinely engage bond counsel or other outside counsel for eview any management or service contracts or research agreements relating to the financed property?  4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government  5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government  6 Total of lines 4 and 5  7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of fits tax-exempt bond liabilities?  Part IV Arbitrage (Optional for 2008)  A B  Yes No Yes No  1 Has a Form 8038-T been filed with respect to the bond issue?  2 Is the bond issue a variable rate issue?  3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  b Name of provider  c Term of hedge  4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC  d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  5 Were any gross proceeds invested beyond an available temporary period?	No Yes No	Yes	es No Ye	s No
Are there any research agreements with respect to the financed property which may result in private business use?  Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?  Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government.  Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government.  Total of lines 4 and 5  Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?  Part IV Arbitrage (Optional for 2008)  A B Yes No Yes No  1 Has a Form 8038-T been filed with respect to the bond issue?  2 Is the bond issue a variable rate issue?  3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  b Name of provider  c Term of hedge  4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC  Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  Were any gross proceeds invested beyond an available temporary period?				
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entities other than a 501(c)(3) organization or a state or local government  5				
a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government  6 Total of lines 4 and 5  7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?  Part IV Arbitrage (Optional for 2008)  A B  Yes No Yes No  1 Has a Form 8038-T been filed with respect to the bond issue?  2 Is the bond issue a variable rate issue?  3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  b Name of provider  c Term of hedge  4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC  d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  5 Were any gross proceeds invested beyond an available temporary period?				
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ensure the post-issuance compliance of its tax-exempt bond liabilities?  Part IV Arbitrage (Optional for 2008)  A B Yes No Yes No  1 Has a Form 8038-T been filed wth respect to the bond issue?  2 Is the bond issue a variable rate issue?  3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  b Name of provider  c Term of hedge  4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC  d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  5 Were any gross proceeds invested beyond an available temporary period?				
A B Yes No Yes No  1 Has a Form 8038-T been filed wth respect to the bond issue?  2 Is the bond issue a variable rate issue?  3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  b Name of provider  c Term of hedge  4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC  d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  5 Were any gross proceeds invested beyond an available temporary period?				
Yes No Yes No  1 Has a Form 80 38-T been filed wth respect to the bond issue?  2 Is the bond issue a variable rate issue?  3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  b Name of provider  c Term of hedge  4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC  d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  5 Were any gross proceeds invested beyond an available temporary period?				
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Is the bond issue a variable rate issue?  3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  b Name of provider  c Term of hedge  4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC  d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  5 Were any gross proceeds invested beyond an available temporary period?	No Yes No	Yes	es No Ye	s No
Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?  b Name of provider  c Term of hedge  4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC  d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  5 Were any gross proceeds invested beyond an available temporary period?				
respect to the bond issue on its books and records?  b Name of provider  c Term of hedge  4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC  d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  5 Were any gross proceeds invested beyond an available temporary period?		1		
c Term of hedge  4a Were gross proceeds invested in a GIC?  b Name of provider  c Term of GIC  d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  5 Were any gross proceeds invested beyond an available temporary period?				
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b Name of provider  c Term of GIC  d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  5 Were any gross proceeds invested beyond an available temporary period?				
c Term of GIC  d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  5 Were any gross proceeds invested beyond an available temporary period?				
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  5 Were any gross proceeds invested beyond an available temporary period?				
GIC satisfied?  5 Were any gross proceeds invested beyond an available temporary period?				
5 Did the bond issue qualify for an exception to rebate?				
0 2 12 11.0 20.11 10.0 10.0 11.0 11.0 11				

DLN: 93493061010010

OMB No 1545-0047

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### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

**Transactions with Interested Persons** 

Name of the organization The University of Connecticut Foundation					Er	nploy	er ide	ntifica	tion nu	ımber	
Inc					0.6	5-607	70722	2			
Part I Excess Benefit Transact					) organı	zatıor	ns on	ıly).			
To be completed by organizatio	ns that an	swered "Yes	" on Form 990, Part IV	, line 2	25a or 25b	o, or F	orm 9	90-EZ			
1 (a) Name of disqualified	d person		<b>(b)</b> Des	criptio	n of transa	ection			<u> </u>	C) Corr	
				•					——	Yes	No
									+	+	
									$\dashv$	+	
									$\neg$		
2 Enter the amount of tax imposed on t	the organiz	zation mana	gers or disqualified pers	sons du	ırıng the y	earuı	nder				
section 4958								\$			
3 Enter the amount of tax, If any, on lin		-					<u> </u>	\$			
Part II Loans to and/or From				TV lin	or E	O	22 E.	¬ Dort	V line	202	
To be completed by organiza			es" on Form 990, Pail	1V , 11m	e 26, or ru	orm 9	90-=	Z, Part <b>(f</b>		38a	
(-) No a of interacted parcon and	(b) Loan from t		(c)O riginal principal			(e)		Appr	oved	1 /	rıtten
<ul><li>(a) Name of interested person and purpose</li></ul>		organization? (c)Original principal (d)Balance d	The state of the s	(d)Balance due		ult?	by board or a		agreement?		
,,	To	From	-			Yes	No	Yes	No	Yes	No
	10	110111				100	140	100	110	100	140
	<u> </u>							<u> </u>	<u> </u>		<u> </u>
									<u> </u>		<u> </u>
			<b>.</b>								
Total			•								
To be completed by organ				90, Pa	art IV, lın	ne 27					
			between interested pe		,			+	f n		
(a) Name of interested person			the organization		(C)A III	ount	OT Grai	nt or ty	реога	SSISta	nce ——

#### **Business Transactions Involving Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz rever	
	organization			Yes	No
Richard Tomeo	See Schedule O	47,254	See Schedule O		Νο

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## **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Name of the organization The University of Connecticut Foundation

Employer identification number

06-6070722

				1.3	30-00/0/22			
Рa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	etermı	nıng	
1	Art—Works of art							
	Art—Historical treasures							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	46	915,829				
	Securities—Closely held stock .			·				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial	Х	1	686,049				
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
							Yes	No
30a	During the year, did the organization hold for at least three years from the date of						 	
	for the entire holding period? .		•			30a		No
b	If "Yes", describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell r	non-cash	32a		No
ь	If "Yes", describe in Part II							
	If the organization did not report	: revenues i	ın Column (c) for a type of p	roperty for which Column (a	ı) ıs			
-	checked, describe in Part II		( )	, ,	•			

<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	1					

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

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Name of the organization
The University of Connecticut Foundation
Inc

The University of Connecticut Foundation
The Uni

ldentifier	Return Reference	Explanation
	Schedule R - Related Organizations	While the mission of the Foundation is to support the University, under IRS regulations the University does not meet the definition of a "related organization" The Foundation has ten ex-officio board members, six of whom serve by virtue of their position as University employees. None of the six University employees are counted in determining quorum and none are entitled to vote on matters before the Board. No compensation is paid by the Foundation for their service as directors.

Identifier	Return Reference	Explanation
	Part V, Question 4 B	Foreign countries which an account with a financial interest in was located duringthe calendar year Bahamas, Bermuda, Canada, Cayman Islands, Ireland and Netherland Antilles

ldentifier	Return Reference	Explanation
	Part IX Functional Expenses	Column B - Line 1 - Program Services represents the amount reimbursed directly to the University or payments made directly to vendors on behalf of the University Column C & D - The allocation between Management and Fundraising is based on the audited financial statements with the exception of Audit fee 100% Management Investment fees 100% Management Donor Cultivation 100% Fundraising Compensation of Officers and Directors is by position UConn Foundation President 50% Management 50% Fundraising VP for Development 100% Fundraising VP for Finance and Controls 75% Management 25% Fundraising AVP for Treasury Services 100% Management

Identifier	Return Reference	Explanation
	' ' '	A former board director, who went off the Foundation board in 1997, is one of 105 partners of Robinson & Cole, the Foundation's outside legal counsel

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The Foundation's financial statements and conflict of interest policy are posted on the Foundation's web site, which is available to the public. The Foundation's Articles of Incorporation, IRS Determination Letter, IRS Form 990 and By-laws are available upon request.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Foundation' salary structure is market-driven and undergoes a rigorous, periodic review under which compensation levels are compared to organizations of similar size and mission. The salaries and benefits of the UCONN Foundation's officers and key employees are subject to approval in advance of payment by a majority of disinterested directors on the HR Committee of the Board of Directors and subsequently by a majority of disinterested directors on the full Board of Directors. The officers and key employees are not in a position of control with respect to either the Committee or the Board. The Committee and the Board rely on appropriate comparability data in determining the reasonableness of the compensation packages. Minutes adequately documenting the basis for the HR Committee and the Board's decisions are maintained. The approval of compensation packages occurs at the June Board meeting for compensation to be paid in the subsequent fiscal year.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Annually the Foundation board members, officers and employees are sent a copy of the Foundation's Conflict of Interest Policy and a conflict of Interest questionnaire that they are required to complete and return to the Foundation. The responses are then reviewed by the Foundation's inhouse legal counsel, with any potential conflicts reviewed with the Nominating and Governance Committee of the Board and the full Board as appropriate

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	The Foundation's Audit Committee reviews the Form 990 and the Form is provided to the entire Board before it is filed

	ldentifier	Return Reference	Explanation
- 1	Form 990, Part VI, Line 2	•	Business Relationship- Three board members serve on a seperate board together and two serve on another seperate board together

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Expenditure from funds supporting educational programs including training and research programs

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

Cat No 51056K

Schedule O (Form 990) 2008

# SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Name of the organization The University of Connecticut Foundation Inc				Employer ident	ification number
Part I Identification of Disregarded Entities				00-0070722	
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organization	ions			_	
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Exempt Code section	(E) Public charity stat (if section 501(c)(	cus Direct controlling entity
					N/A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	5 Y		Schedule R (Form 990) 2008

art III Identification of I			(C)					(H	1)		()	<u></u>
(A) Name, address, and EIN of related organization	( <b>B</b> ) Primary ac	tivity	Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	Disproj alloca	ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Genei mana partr	ral o agıng ner?
								Yes	No		Yes	No
	•			•	•	•	•					
Part IV Identification of I	Related Org	anizations	Taxable a	s a Corporation	າ or Trust							
<b>(A)</b> Name, address, and EIN of related o	organization	( <b>B)</b> Primary activ	ity Le	(C) egal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	<b>(F)</b> Share of total income	e	Sha end-o	re of Perce	H) entage ership	
UConn Research and Development Corp 406 Farmington Avenue Farmington, CT06032 06-1145567		Start-ups		СТ	N/A	C Corp	13,00	00		500,000 100	000 %	

Part V	Transactions with Related Organizations	
Note.	Complete line 1 if any entity is listed in Parts II, III or IV	

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

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- **g** Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
<b>1</b> l		No
1m		No
1n		No
1o		No
<b>1</b> p	Yes	
1q		No
1r		No

	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	UConn Research and Development Corp	b	520,000
(2)			
(3)			
(4)			
(5)			
(6)			

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

### Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	