



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form

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

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

OMB No 1545-0047

2010**Open to Public
Inspection**

A For the 2010 calendar year, or tax year beginning 7/1/2010 and ending 6/30/2011																												
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization University of Maryland College Pk Fdn Inc</td> <td>D Employer identification number 52-2197313</td> </tr> <tr> <td colspan="2">Doing Business As</td> <td>E Telephone number (301) 405-5652</td> </tr> <tr> <td colspan="2">Number and street (or P O box if mail is not delivered to street address) Room/suite 2119 Main Administration Bldg</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 College Park MD 20742-5041</td> <td></td> </tr> <tr> <td colspan="2">F Name and address of principal officer Brodie Remington, Pres. 2119 Main Adm Bldg, College Pk, MD 20742</td> <td>G Gross receipts \$ 54,196,748</td> </tr> <tr> <td colspan="2">H(a) Is this a group return for affiliates? ☐ Yes ☒ No</td> <td>H(b) Are all affiliates included? ☐ Yes ☐ No</td> </tr> <tr> <td colspan="2">I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527</td> <td>If "No," attach a list (see instructions)</td> </tr> <tr> <td colspan="2">J Website: ▶ www.foundation.umd.edu</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶</td> <td>L Year of formation 1999 M State of legal domicile MD</td> </tr> </table>	C Name of organization University of Maryland College Pk Fdn Inc		D Employer identification number 52-2197313	Doing Business As		E Telephone number (301) 405-5652	Number and street (or P O box if mail is not delivered to street address) Room/suite 2119 Main Administration Bldg			City or town, state or country, and ZIP + 4 College Park MD 20742-5041			F Name and address of principal officer Brodie Remington, Pres. 2119 Main Adm Bldg, College Pk, MD 20742		G Gross receipts \$ 54,196,748	H(a) Is this a group return for affiliates? ☐ Yes ☒ No		H(b) Are all affiliates included? ☐ Yes ☐ No	I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		If "No," attach a list (see instructions)	J Website: ▶ www.foundation.umd.edu		H(c) Group exemption number ▶	K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1999 M State of legal domicile MD
C Name of organization University of Maryland College Pk Fdn Inc		D Employer identification number 52-2197313																										
Doing Business As		E Telephone number (301) 405-5652																										
Number and street (or P O box if mail is not delivered to street address) Room/suite 2119 Main Administration Bldg																												
City or town, state or country, and ZIP + 4 College Park MD 20742-5041																												
F Name and address of principal officer Brodie Remington, Pres. 2119 Main Adm Bldg, College Pk, MD 20742		G Gross receipts \$ 54,196,748																										
H(a) Is this a group return for affiliates? ☐ Yes ☒ No		H(b) Are all affiliates included? ☐ Yes ☐ No																										
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		If "No," attach a list (see instructions)																										
J Website: ▶ www.foundation.umd.edu		H(c) Group exemption number ▶																										
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1999 M State of legal domicile MD																										

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>To, receive, hold, invest, manage, use, dispose of and administer property of all kinds whether absolute or in trust or by way of agency or otherwise, and to make expenditures, to or for the benefit of the University of Maryland College Park, its mission, goals, and programs.</u>																																																						
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																																																						
3	Number of voting members of the governing body (Part VI, line 1a)	3		64																																																			
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		64																																																			
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5		0																																																			
6	Total number of volunteers (estimate if necessary)	6																																																					
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0																																																			
b	Net unrelated business taxable income from Form 990-T, line 34	7b		-267,730																																																			
8	Contributions and grants (Part VIII, line 1h)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">41,768,190</td> <td style="text-align: right;">43,520,026</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">191,841</td> <td style="text-align: right;">312,830</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">7,336,635</td> <td style="text-align: right;">8,239,868</td> </tr> <tr> <td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,991,405</td> <td style="text-align: right;">1,882,829</td> </tr> <tr> <td></td> <td style="text-align: right;">51,288,071</td> <td style="text-align: right;">53,955,553</td> </tr> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td> <td style="text-align: right;">31,202,603</td> <td style="text-align: right;">26,573,800</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 314,380</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)</td> <td style="text-align: right;">8,480,723</td> <td style="text-align: right;">9,918,064</td> </tr> <tr> <td>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">39,683,326</td> <td style="text-align: right;">36,491,864</td> </tr> <tr> <td>19 Revenue less expenses Subtract line 18 from line 12</td> <td style="text-align: right;">11,604,745</td> <td style="text-align: right;">17,463,689</td> </tr> <tr> <td></td> <td style="text-align: right;">324,939,623</td> <td style="text-align: right;">369,590,336</td> </tr> <tr> <td></td> <td style="text-align: right;">7,190,320</td> <td style="text-align: right;">7,470,125</td> </tr> <tr> <td></td> <td style="text-align: right;">317,749,303</td> <td style="text-align: right;">362,120,211</td> </tr> </tbody> </table>				Prior Year	Current Year	9 Program service revenue (Part VIII, line 2g)	41,768,190	43,520,026	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	191,841	312,830	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,336,635	8,239,868	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,991,405	1,882,829		51,288,071	53,955,553	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	31,202,603	26,573,800	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 314,380			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	8,480,723	9,918,064	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	39,683,326	36,491,864	19 Revenue less expenses Subtract line 18 from line 12	11,604,745	17,463,689		324,939,623	369,590,336		7,190,320	7,470,125		317,749,303	362,120,211
	Prior Year	Current Year																																																					
9 Program service revenue (Part VIII, line 2g)	41,768,190	43,520,026																																																					
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	191,841	312,830																																																					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,336,635	8,239,868																																																					
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,991,405	1,882,829																																																					
	51,288,071	53,955,553																																																					
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	31,202,603	26,573,800																																																					
14 Benefits paid to or for members (Part IX, column (A), line 4)		0																																																					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0																																																					
16a Professional fundraising fees (Part IX, column (A), line 11e)		0																																																					
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 314,380																																																							
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	8,480,723	9,918,064																																																					
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	39,683,326	36,491,864																																																					
19 Revenue less expenses Subtract line 18 from line 12	11,604,745	17,463,689																																																					
	324,939,623	369,590,336																																																					
	7,190,320	7,470,125																																																					
	317,749,303	362,120,211																																																					
20	Total assets (Part X, line 16)																																																						
21	Total liabilities (Part X, line 26)																																																						
22	Net assets or fund balances. Subtract line 21 from line 20																																																						

Part II Signature Block

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

Sign Here	 Signature of officer Michael King Type or print name and title 2/27/12 Date VP, CFO & Treasurer															
Paid Preparer's Use Only	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Print/Type preparer's name</td> <td style="width:30%;">Preparer's signature</td> <td style="width:10%;">Date</td> <td style="width:10%;">Check ☐ if self-employed</td> <td style="width:10%;">PTIN</td> </tr> <tr> <td>Firm's name ▶</td> <td colspan="4">Firm's EIN ▶</td> </tr> <tr> <td>Firm's address ▶</td> <td colspan="4">Phone no</td> </tr> </table>	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN	Firm's name ▶	Firm's EIN ▶				Firm's address ▶	Phone no			
	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN											
	Firm's name ▶	Firm's EIN ▶														
Firm's address ▶	Phone no															
May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No																

For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

Form 990 (2010)

Part III**Statement of Program Service Accomplishments**

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

☒**1** Briefly describe the organization's mission:

To receive, hold, invest, manage, use, dispose of and administer property of all kinds whether absolute or in trust or by way of agency or otherwise, and to make expenditures to or for the benefit of the University of Maryland College Park, its mission, goals, and programs, or for any or all of the educational support activities that may be conducted by

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 12,241,330 including grants of \$ 12,073,591) (Revenue \$ 0)
 Scholarship / Fellowship Support - To support outright scholarships and fellowships to students and fellows selected by the University of Maryland College Park.

4b (Code:) (Expenses \$ 7,714,584 including grants of \$ 6,751,171) (Revenue \$ 0)
 Academic Program Support - To support academic programs of the University of Maryland College Park through payments for salaries and benefits, operating expenses, conferences, workshops, honorariums, equipment, and academic memberships

4c (Code:) (Expenses \$ 5,160,445 including grants of \$ 3,357,263) (Revenue \$ 0)
 Facility Advancement - To provide funds for services and maintenance of related grounds and facilities of the University of Maryland College Park.

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

(Expenses \$ 7,867,792 including grants of \$ 4,458,848) (Revenue \$ 0)

4e Total program service expenses 32,984,151

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

☒ Yes ☐ No

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 64	
b Enter the number of voting members included in line 1a, above, who are independent	1b 64	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **See Attached Statement**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Michael King** (301) 405-3316
2119 Main Administration Bldg, College Park, MD 20742

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Harvey L. Sanders Board Chair	1.	X						0	0	0
(2) Joseph B. Gildenhorn Immed Past Chair	1.	X						0	0	0
(3) John N. Lauer Chair Exec Comm	1.	X						0	0	0
(4) V. Raymond Ferrara Chair Budget / Audit	1.	X						0	0	0
(5) Timothy F. Maloney Chair Board Advocacy	1.	X						0	0	0
(6) Marvin H. Rabovsky Chair Marketing Comm	1.	X						0	0	0
(7) Margaret S. Schiff Chair Comm on Trustees	1.	X						0	0	0
(8) Craig A. Thompson Chair Gvpt Relations	1.	X						0	0	0
(9) John Alahouzos Trustee	1.	X						0	0	0
(10) Carlton M. Arrendell Trustee	1.	X						0	0	0
(11) David M. Baggett Trustee	1.	X						0	0	0
(12) Robert A. Bedingfield Trustee	1.	X						0	0	0
(13) Gail Berman Trustee	1.	X						0	0	0
(14) Harold Brierley Trustee	1.	X						0	0	0
(15) John M. Brophy Trustee	1.	X						0	0	0
(16) Albert P. Carey Trustee	1	X						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) Alan C. Cason Trustee	1.	X						0	0	0
(18) Connie Chung Trustee	1.	X						0	0	0
(19) George P. Clancey, Jr. Trustee	1.	X						0	0	0
(20) Robert W. Crosby Trustee	1.	X						0	0	0
(21) John P. Cullen Trustee	1.	X						0	0	0
(22) Michael S. Dana Trustee	1.	X						0	0	0
(23) Christopher M. Darnell Trustee	1.	X						0	0	0
(24) Ryan L. Dearborn Trustee	1.	X						0	0	0
(25) Lawrence K. Doll Trustee	1.	X						0	0	0
(26) P. Douglass Dollenberg Trustee	1.	X						0	0	0
(27) Gordon R. England Trustee	1.	X						0	0	0
(28) Norman J. Esiason Trustee	1.	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A.								0	695,832	65,403
d Total (add lines 1b and 1c).								0	695,832	65,403

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UM Good Tidings Catering 1150 South Campus Drive, College Park, MD	Catering	411,934
Forrester Construction Con 12231 Parklawn Drive, Rockville, MD 20852	Design Build Services	369,283
Bravo Facility Services 29 King George Road, Green Brook, NJ 0881	Building services	143,274
UM Golf Course Building #166, College Park, MD 20740	Golf facilities for events	130,226
		0

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

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	43,520,026				
	g	Noncash contributions included in lines 1a-1f. \$		478,710				
	h	Total. Add lines 1a-1f		43,520,026				
Program Service Revenue	Business Code							
	2a	EDUCATIONAL PROGRAMS		170,862	170,862			
	b	MEMBERSHIP DUES & ASSESSMENTS		40,056			40,056	
	c	CONFERENCES & SEMINARS		97,912	91,912			
	d	JOURNALISM NEWS SVC		4,000	4,000			
	e			0				
	f	All other program service revenue		0				
	g	Total. Add lines 2a-2f		312,830				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		8,239,868			8,239,868	
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross Rents	(i) Real	20,346				
	b	Less: rental expenses	(ii) Personal					
	c	Rental income or (loss)		20,346	0			
	d	Net rental income or (loss)		20,346	20,346			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0	(ii) Other	0		
	b	Less: cost or other basis and sales expenses		0		0		
	c	Gain or (loss)		0		0		
	d	Net gain or (loss)		0				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	295,455				
	b	Less: direct expenses	b	0				
	c	Net income or (loss) from fundraising events		295,455			295,455	
	9a	Gross income from gaming activities. See Part IV, line 19	a	0				
	b	Less: direct expenses	b	0				
	c	Net income or (loss) from gaming activities		0				
	10a	Gross sales of inventory, less returns and allowances	a	1,808,223				
	b	Less: cost of goods sold	b	241,195				
	c	Net income or (loss) from sales of inventory		1,567,028				
Miscellaneous Revenue		Business Code						
11a			0					
b			0					
c			0					
d	All other revenue		0					
e	Total. Add lines 11a-11d		0					
12	Total revenue. See instructions		53,955,553	287,120	0	8,575,379		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	26,573,800	26,573,800		
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	0			
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	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):	0			
a	Management	0			
b	Legal	150,647	59,962	90,685	
c	Accounting	99,295		99,295	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	880,890	855,349	21,931	3,610
14	Information technology	79,997	69,211	10,786	
15	Royalties	0			
16	Occupancy	102,761	100,022	2,739	
17	Travel	256,828	254,866		1,962
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	94,019	94,019		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	190,322	0	190,322	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	Public Relations & Promotions	2,537,056	2,246,916	172,981	117,159
b	Outside Services	2,088,051	2,062,157	20,321	5,573
c	Reimbursement to UMCP	1,259,211		1,259,211	
d	UMCPF Services LLC Operating Expenses	1,182,615		1,182,615	0
e	Repairs & Maintenance	343,845	333,667	10,178	0
f	All other expenses	652,527	334,182	132,269	186,076
25	Total functional expenses. Add lines 1 through 24f.	36,491,864	32,984,151	3,193,333	314,380
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	43,912	1	29,607
	2 Savings and temporary cash investments	16,007,651	2	20,496,926
	3 Pledges and grants receivable, net	68,739,647	3	72,741,036
	4 Accounts receivable, net	14,541	4	1,140
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	793,757	7	764,811
	8 Inventories for sale or use	65,015	8	62,992
	9 Prepaid expenses and deferred charges	21,638	9	24,432
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,247,483		
	b Less: accumulated depreciation	10b 464,047		
		4,953,756	10c	19,783,436
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	233,977,440	12	255,377,190
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	322,266	15	308,766	
16 Total assets. Add lines 1 through 15 (must equal line 34)	324,939,623	16	369,590,336	
Liabilities	17 Accounts payable and accrued expenses	595,562	17	542,872
	18 Grants payable		18	
	19 Deferred revenue	1,858,006	19	1,321,060
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	4,736,752	25	5,606,193
	26 Total liabilities. Add lines 17 through 25	7,190,320	26	7,470,125
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,394,332	27	13,516,544
	28 Temporarily restricted net assets	123,624,327	28	155,200,038
	29 Permanently restricted net assets	187,730,644	29	193,403,629
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	317,749,303	33	362,120,211	
34 Total liabilities and net assets/fund balances	324,939,623	34	369,590,336	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,955,553
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,491,864
3	Revenue less expenses Subtract line 2 from line 1	3	17,463,689
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	317,749,303
5	Other changes in net assets or fund balances (explain in Schedule O)	5	26,907,219
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	362,120,211

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

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Continuation Sheet for Form 990

Page 1 of 2

Name of the Organization

University of Maryland College Pk Fdn Inc

Employer identification number

52-2197313

Part VII Section A

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(29) Robert Facchina Trustee	1.	X						0	0	0
(30) Emilio A Fernandez, Jr. Trustee	1.	X						0	0	0
(31) Richard M. Finkelstein Trustee	1.	X						0	0	0
(32) Enc S. Francis Trustee	1.	X						0	0	0
(33) Winston H. Gandy, Jr. Trustee	1.	X						0	0	0
(34) Michael C. Gelman Trustee	1.	X						0	0	0
(35) Andrew J. Gessow Trustee	1.	X						0	0	0
(36) Alma G. Gildenhorn Trustee	1.	X						0	0	0
(37) Dave Goldfarb Trustee	1.	X						0	0	0
(38) Suzanne Hillman Trustee	1	X						0	0	0
(39) Ali Hirsa Trustee	1	X						0	0	0
(40) Phillip H. Horvitz Trustee	1.	X						0	0	0
(41) Chrstopher E. Kubasik Trustee	1.	X						0	0	0
(42) Deborah B. Lawrence Trustee	1.	X						0	0	0
(43) Paul S. Mandell Trustee	1.	X						0	0	0
(44) William E. Mayer Trustee	1.	X						0	0	0
(45) Singleton B. McAllister Trustee	1.	X						0	0	0
(46) Neil Moskowitz Trustee	1.	X						0	0	0
(47) Shelley Multz Trustee	1.	X						0	0	0
(48) Jean Mullan Trustee	1	X						0	0	0
(49) John R. Nyland Trustee	1.	X						0	0	0

Page 2 of 2

Employer identification number

52-2197313

[illegible]

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

University of Maryland College Pk Fdn Inc

Employer identification number

52-2197313

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☒ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

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

(HTA)

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	52,526,127	65,496,997	34,614,054	41,768,190	43,520,026	237,925,394
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	52,526,127	65,496,997	34,614,054	41,768,190	43,520,026	237,925,394
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						52,294,483
6 Public support. Subtract line 5 from line 4.						185,630,911

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	52,526,127	65,496,997	34,614,054	41,768,190	43,520,026	237,925,394
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,977,760	3,633,803	2,599,068	7,355,535	8,837,093	27,403,259
9 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						265,328,653
12 Gross receipts from related activities, etc. (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	69.96%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	82.30%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☐		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► ☐		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.00%
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

University of Maryland College Pk Fdn Inc

Employer identification number

52-2197313

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. ▶ \$ 0
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)			0	0
(2)			0	0
(3)			0	0
(4)			0	0
(5)			0	0
(6)			0	0

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

Schedule C (Form 990 or 990-EZ) 2010

(HTA)

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount				0	0
b Lobbying ceiling amount (150% of line 2a, column(e))					0
c Total lobbying expenditures				0	0
d Grassroots nontaxable amount				0	0
e Grassroots ceiling amount (150% of line 2d, column (e))					0
f Grassroots lobbying expenditures				0	0

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	0
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0

Part IV Supplemental Information

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

Part IV Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

University of Maryland College Pk Fdn Inc

52-2197313

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

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

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

b Assets included in Form 990, Part X ▶ \$ 100,000

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☒ Preservation for future generations

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

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

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	0

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	214,421,000	189,504,000	247,578,000		
b Contributions	7,462,000	5,775,000	5,256,000		
c Net investment earnings, gains, and losses	35,041,000	21,158,000	-51,955,000		
d Grants or scholarships			6,732,000		
e Other expenditures for facilities and programs			466,000		
f Administrative expenses	2,600,000	2,016,000	4,177,000		
g End of year balance	254,324,000	214,421,000	189,504,000		

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

a Board designated or quasi-endowment ☐ 8%

b Permanent endowment ☐ 92%

c Term endowment ☐ %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	15,055,101		15,055,101
b Buildings	0	4,490,931	464,047	4,026,884
c Leasehold improvements	0	53,190	0	53,190
d Equipment	0	548,261	0	548,261
e Other	0	100,000	0	100,000
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				19,783,436

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other Money Market & ST Investments	39,235,243	F
(A) Fixed Income Investments	29,228,810	F
(B) Private Equity Investments	67,789,394	F
(C) Real Estate Investments	17,106,367	F
(D) Absolute Return Investments	27,667,719	F
(E) Hedged Global & US Equity	74,349,657	F
(F)	0	
(G)	0	
(H)	0	
(I)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	255,377,190	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	

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

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	0

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	0
(2) Funds Held for M-Club	2,369,211
(3) Annuities Payable	3,231,893
(4) Misc Funds Held for Others	5,089
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,606,193

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	53,955,553
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	36,491,864
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	17,463,689
4	Net unrealized gains (losses) on investments	4	27,286,142
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-378,923
9	Total adjustments (net) Add lines 4 through 8	9	26,907,219
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	44,370,908

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

1	Total revenue, gains, and other support per audited financial statements	1	80,862,772
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	27,286,142
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-378,923
e	Add lines 2a through 2d	2e	26,907,219
3	Subtract line 2e from line 1	3	53,955,553
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	53,955,553

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

1	Total expenses and losses per audited financial statements	1	36,491,864
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	36,491,864
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	36,491,864

Part XIV Supplemental Information

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

Part V Line 4 Intended Uses of Endowment Fund - Endowment funds are held and invested by

the foundation in order to generate income used to support the educational and program

goals of the University of Maryland College Park.

Part XIV Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

University of Maryland College Pk Fdn Inc

Employer identification number

52-2197313

Part I

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

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

AK, AZ, CA, CO, DC, FL, HI, KY, MA, MD, ME, MI, MN, NH, NJ, NY, OH, OK, OR, SC, WA

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

		(a) Event #1 OF GARY GOLF TOL (event type)	(b) Event #2 GRIDIRON NETW (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	34,155	33,460	227,841	295,456
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	34,155	33,460	227,841	295,456
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	0	0	0	0
	10 Direct expense summary Add lines 4 through 9 in column (d)				(0)
	11 Net income summary Combine line 3, column (d), and line 10				295,456

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary Combine line 1, column d, and line 7				0

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ▶ _____

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ 0 and the amount of gaming revenue retained by the third party ► \$ _____ 0 .
- c** If "Yes," enter name and address of the third party.

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____ 0

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

University of Maryland College Pk Fdn Inc

Employer identification number

52-2197313

Part I 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 the selection criteria used to award the grants or assistance?
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☒ Yes ☐ No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) University of Maryland College 2119 Main Administration Bldg Col	52-6002033	170 (c) (1)	26,108,972	531,900	FMV	Equipment	Scholarship, Salary, C
(2) -----			0	0			
(3) -----			0	0			
(4) -----			0	0			
(5) -----			0	0			
(6) -----			0	0			
(7) -----			0	0			
(8) -----			0	0			
(9) -----			0	0			
(10) -----			0	0			
(11) -----			0	0			
(12) -----			0	0			

2 Enter total number of section 501(c)(3) and government organizations	1
3 Enter total number of other organizations	0

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

(HTA)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1		0	0	0		
2		0	0	0		
3		0	0	0		
4		0	0	0		
5		0	0	0		
6		0	0	0		
7		0	0	0		

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

Part I Line 2 Grantmaker's Description of how Grants are Used - The University of Maryland College park awards scholarships as per

review by Scholarship Committees in the individual Schools, Colleges and the Office of Student Financial Aid. The committee applies

criteria in each agreement and makes its decision based on the qualifications of the candidate. The university pays for the award

based on the award letter. Afterwards, the appropriate paperwork is provided to the Foundation for reimbursement.

Part I (cont'd) Other University of Maryland College Park expenses (salary, benefits, facility, operating expenses, etc.) are paid

through the University accounting system and are reimbursed by the foundation upon submission of the appropriate documents.

Part IV (Sch I (990)) - Supplemental Information

Part		Line Number	Explanation
1	I	2	Grantmaker's Description of how Grants are Used - The University of Maryland College park awards scholarships as per review by Scholarship Committees in the individual Schools, Colleges and the Office of Student Financial Aid. The committee applies criteria in each agreement and makes its decision based on the qualifications of the candidate. The university pays for the award, based on the award letter. Afterwards, the appropriate paperwork is provided to the Foundation for reimbursement.
2	I		(cont'd) Other University of Maryland College Park expenses (salary, benefits, facility, operating expenses, etc.) are paid through the University accounting system and are reimbursed by the foundation upon submission of the appropriate documents.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

University of Maryland College Pk Fdn Inc

Compensation Information

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

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

52-2197313

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Brodie Remington	(i) 22,565 (ii) 250,575	0 0	0 0	0 0	4,964 41,198	27,529 291,773	0 0
2 Barbara Quinn	(i) 27,833 (ii) 151,518	0 0	0 0	0 0	6,123 9,462	33,956 160,980	0 0
3 Michael King	(i) 48,852 (ii) 140,332	0 0	0 0	0 0	651 2,308	49,503 142,640	0 0
4	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
5	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
6	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
7	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
8	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
9	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
10	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
11	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
12	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
13	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
14	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
15	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
16	(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

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

OMB No 1545-0047

2010

**Open To Public
Inspection**

University of Maryland College Pk Fdn Inc

Employer identification number

52-2197313

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	478,710	FMV
16 Real estate—Commercial				
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 ► (.)		0	0	
26 Other ► (.)		0	0	
27 Other ► (.)		0	0	
28 Other ► (.)		0	0	

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

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

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

Area for supplemental information with horizontal dashed lines.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

University of Maryland College Pk Fdn Inc

Employer identification number

52-2197313

Form 990, Part III, Line 4d: Program Service Expenses: 2,707,308, Grants and allocations:

967,011, Revenue: 0 Institutional Support - To provide support for activities that are

concerned with long-range planning of the entire institution as well as activities concerned

with community and alumni relations.

Form 990, Part III, Line 4d: Program Service Expenses: 3,513,628, Grants and allocations:

1,942,703, Revenue: 0 Athletics & Student Support - To provide support for the operations of

athletic and student activities at the University of Maryland College Park.

Form 990, Part III, Line 4d: Program Service Expenses: 1,361,116, Grants and allocations:

1,289,839, Revenue: 0 Research Support - To provide support to research activities and

research facilities of the University of Maryland College Park.

Form 990, Part III, Line 4d: Program Service Expenses: 285,740, Grants and allocations:

259,295, Revenue: 0 Public Service Support - To provide support for activities that are

mutually beneficial to the University of Maryland College Park and individuals and external

groups external to the institution including community service programs.

Form 990 Part VI Section C, Disclosures Line 19 The organization's governing documents,

conflict of interest policy, and financial statements are available to the public on request.

The request can be made in writing to the CFO of the foundation at the mailing address listed

on the foundation's Form 990 and on the foundation's website.

Form 990 Part VI Section B Line 11b Form 990 Review Process - The foundation's Form 990 is

prepared by the foundation's Director of Financial Management and submitted to the

Foundation's CFO for initial review and then to the Board's Finance Committee Chair prior to

being distributed to the full Board of Trustees for review prior to formal approval at the

Foundation's Board Meeting.

Form 990 Part VI Section A Line 2 Immediate Past Chair Trustee Joseph B. Gildenhorn is the

spouse of Trustee Alma G. Gildenhorn.

Name of the organization

University of Maryland College Pk Fdn Inc

Employer identification number

52-2197313

Form 990 Part XI Line 5 Unrealized investment gains of \$27,286,142 and Net change in valuation
of split interest agreements of (\$378,923).

(Sch O (990/990EZ)) - Supplemental Information

	Form	Part	Section	Line	Explanation
	Form 990				Supplemental Information to Form 990
1					
	Form 990	Part VI	C Disclosures	19	The organization's governing documents, conflict of interest policy, and financial statements are available to the public on request. The request can be made in writing to the CFO of the foundation at the mailing address listed on the foundation's Form 990 and on the foundation's website.
2					
	Form 990	Part VI	B	11b	Form 990 Review Process - The foundation's Form 990 is prepared by the foundation's Director of Financial Management and submitted to the Foundation's CFO for initial review and then to the Board's Finance Committee Chair prior to being distributed to the full Board of Trustees for review prior to formal approval at the Foundation's Board Meeting.
3					

	Form 990	Part VI	A	2	Immediate Past Chair Trustee Joseph B Gildenhorn is the spouse of Trustee Alma G. Gildenhorn.
4					
5					
6					

	Form 990	Part XI		5	Unrealized investment gains of \$27,286,142 and Net change in valuation of split interest agreements of (\$378,923).
7					
8					
9					

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

University of Maryland College Pk Fdn Inc

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

52-2197313

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)			0	0	
(2)			0	0	
(3)			0	0	
(4)			0	0	
(5)			0	0	
(6)			0	0	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) The University of Maryland College Park 52-6002033 2119 main Admin Bldg, College park, MD 20742	Education	MD	170 (c) (1)	NA			X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1)					0	0			0		%
(2)					0	0			0		%
(3)					0	0			0		%
(4)					0	0			0		%
(5)					0	0			0		%
(6)					0	0			0		%
(7)					0	0			0		%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)					0	0	%
(2)					0	0	%
(3)					0	0	%
(4)					0	0	%
(5)					0	0	%
(6)					0	0	%
(7)					0	0	%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to other organization(s)	1b	X
c Gift, grant, or capital contribution from other organization(s)	1c	X
d Loans or loan guarantees to or for other organization(s)	1d	X
e Loans or loan guarantees by other organization(s)	1e	X
f Sale of assets to other organization(s)	1f	X
g Purchase of assets from other organization(s)	1g	X
h Exchange of assets	1h	X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n Sharing of paid employees	1n	X
o Reimbursement paid to other organization for expenses	1o	X
p Reimbursement paid by other organization for expenses	1p	X
q Other transfer of cash or property to other organization(s)	1q	X
r Other transfer of cash or property from other organization(s)	1r	X

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	The University of Maryland College Park	b	26,640,872	Cash / FMV
(2)			0	
(3)			0	
(4)			0	
(5)			0	
(6)			0	

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets³ or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
				Yes	No		Yes	No		Yes	No
(1).....						0			0		
(2).....						0			0		
(3).....						0			0		
(4).....						0			0		
(5).....						0			0		
(6).....						0			0		
(7).....						0			0		
(8).....						0			0		
(9).....						0			0		
(10).....						0			0		
(11).....						0			0		
(12).....						0			0		
(13).....						0			0		
(14).....						0			0		
(15).....						0			0		
(16).....						0			0		

Part VII Supplemental Information

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

[illegible]

Item F (990) - Name and Address of Principal Officer

Name Brodie Remington, Pres.			Phone Number (301) 405-3316
Address 2119 Main Adm Bldg			Foreign Country
City, Town, or Post Office College Pk	State MD	Zip Code 20742	Check ("X") if a business ☒

Item M (090) - State of Legal Domicile

State	Foreign Country
MD	

Part I, Ln 1 and Part III, Ln 1 (990) - Organization's Mission or Most Significant ActivitiesPart I Line 1 - Briefly describe the organization's mission or most significant activities: **Limit to 320 characters.**

To, receive, hold, invest, manage, use, dispose of and administer property of all kinds whether absolute or in trust or by way of agency or otherwise, and to make expenditures, to or for the benefit of the University of Maryland College Park, its mission, goals, and programs

Part III Line 1 - Briefly describe the organization's mission: **Limit to 375 characters.**

To, receive, hold, invest, manage, use, dispose of and administer property of all kinds whether absolute or in trust or by way of agency or otherwise, and to make expenditures, to or for the benefit of the University of Maryland College Park, its mission, goals, and programs, or for any or all of the educational support activities that may be conducted by the University

Part VI, Line 20 (990) - Books in Possession Of

Name			Phone Number
Michael King			(301) 405-3316
Address			Foreign Country
2119 Main Administration Bldg			
City, Town, or Post Office	State	Zip Code	
College Park	MD	20742	

Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed

☐ Armed Forces the Americas	☐ Louisiana	☐ Palau
☐ Armed Forces Europe	☒ Massachusetts	☐ Rhode Island
☒ Alaska	☒ Maryland	☒ South Carolina
☐ Alabama	☒ Maine	☐ South Dakota
☐ Armed Forces Pacific	☐ Marshall Islands	☐ Tennessee
☐ Arkansas	☒ Michigan	☐ Texas
☐ American Samoa	☒ Minnesota	☐ Utah
☒ Arizona	☐ Missouri	☐ Virginia
☒ California	☐ Commonwealth of the Northern Mariana Islands	☐ U.S. Virgin Islands
☒ Colorado	☐ Mississippi	☐ Vermont
☐ Connecticut	☐ Montana	☒ Washington
☒ District of Columbia	☐ North Carolina	☐ Wisconsin
☐ Delaware	☐ North Dakota	☐ West Virginia
☐ Florida	☐ Nebraska	☐ Wyoming
☐ Federated States of Micronesia	☒ New Hampshire	
☐ Georgia	☒ New Jersey	
☐ Guam	☐ New Mexico	
☒ Hawaii	☐ Nevada	
☐ Iowa	☒ New York	
☐ Idaho	☒ Ohio	
☐ Illinois	☒ Oklahoma	
☐ Indiana	☒ Oregon	
☐ Kansas	☐ Pennsylvania	
☒ Kentucky	☐ Puerto Rico	

Line 12 (990-T) - Other Income

1 From Form 6478 - Alcohol and Cellulosic Biofuel Fuels Credit	1	0
2 From Form 8864 - Biodiesel and Renewable Diesel Fuels Credit	2	0
3 Bad debt recoveries	3	
4 Proceeds received from employer-owned life insurance contracts issued after August 17, 2006	4	
5 Recapture of excess depreciation including Sec 179 expense deduction	5	0
6	6	
7	7	
8	8	
9	9	
10	10	
11	11	
12	12	
13	13	
14 Total other income	14	0

Line 18 (990-T) - Interest

1 Interest Allocation	1	
2 Tax Exempt Interest	2	
3 Prepaid Interest	3	
4 Straddle Interest	4	
5 Original Issue Discount	5	
6 Related Party Interest	6	
7 Interest on certain underpayments of tax	7	
8 Interest allocable to the production of designated property	8	
9 Interest on below-market loans	9	
10 Interest on which no tax is imposed (section 163(j))	10	
11	11	
12	12	
13 Total	13	0

Part.VII, Section B, Line 1 (990) - Highest Compensated Independent Contractors

Name and address of each independent contractor paid more than \$100,000			Description of Services	Compensation
1.	Name	UM Good Tidings Catering	Catering	411,934
	Street	1150 South Campus Dnve		
	City	College Park ST MD ZIP 20742	Explanation	
	Check if Business	☒ Foreign Country	Food and beverage catering for multiple events.	
2.	Name	Foirrester Construction Company	Design Build Services	369,283
	Street	12231 Parklawn Dnve		
	City	Rockville ST MD ZIP 20852	Explanation	
	Check if Business	☒ Foreign Country	Architectural and engineering services for construction project.	
3.	Name	Bravo Facility Services	Building services	143,274
	Street	29 King George Road		
	City	Green Brook ST NJ ZIP 08812	Explanation	
	Check if Business	☒ Foreign Country	Building services for Riggs Alumni Center.	
4.	Name	UM Golf Course	Golf facilities for events	130,226
	Street	Building #166		
	City	College Park ST MD ZIP 20740	Explanation	
	Check if Business	☒ Foreign Country	Fees for use of golf facilities for events.	
5.	Name			
	Street			
	City	ST ZIP	Explanation	
	Check if Business	☐ Foreign Country		

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
1	Federated Campaigns	1	
2	Membership dues	2	
3	Fundraising events	3	
4	Related organizations	4	
5	Government grants (contributions)	5	
6	All other contributions, gifts, grants, and similar amounts not included above:		
	CONTRIBUTIONS	43,041,316	478,710
	Other contributions total	6 43,041,316	478,710
7	Total	7 43,041,316	478,710

Part VIII, Line 10 (990) - Gross Sales of Inventory

	Category	Gross Sales	Cost of Goods Sold	Net
1	UMCPF Services LLC - DBA The Easton Club	1,152,938	238,054	914,884
2	Merchandise & Ticket Sales	55,141	3,141	52,000
3	Athletic Suite Premiums & Events	600,144	0	600,144
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

1,808,223

241,195

1,567,028

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Depreciation	1	190,322		190,322	
2 Depletion	2	0			
3 Amortization	3	0			
4 Total	4	190,322	0	190,322	0

Part X, Line 3 (990) - Pledges and Grants Receivable

		Pledges and grants receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Pledges due within one year	1	32,569,060	39,978,252		
2 Pledges due within 2-5 years	2	40,429,494	34,916,550		
3 Pledges due greater than 5 years	3	5,045,093	7,459,899		
4 Allowance for doubtful accounts	4			5,365,123	5,600,289
5 discount to present value	5			3,938,877	4,013,376
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total pledges and grants receivable	11	78,043,647	82,354,701	9,304,000	9,613,665

Part X, Line 4 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Accounts Receivable	1	14,541	1,140		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total accounts receivable	11	14,541	1,140	0	0

Part X, Line 7 (990) - Other Notes

	Borrower's name	Original amount	Net balance due beginning of year	Balance due end of year	Allowance for doubtful accounts end of year	Purpose of loan
1	Loans to Faculty - Current Portion		15,619	17,830		
2	Loans to Faculty - Long-term Portion		778,138	746,981		
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

0

793,757

764,811

0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

Category or Item		Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	Land	X							15,055,101	0	464,047		0	15,055,101
2	Building		X						4,490,931	273,725	464,047		4,305,495	4,026,884
3	Leasehold Improvement			X					53,190	0			0	53,190
4	Equipment				X				548,261	0			548,261	548,261
5	Artwork					X			100,000	0			100,000	100,000
6									0	0			0	0
7									0	0			0	0
8									0	0			0	0
9									0	0			0	0
10									0	0			0	0
11									0	0			0	0
12									0	0			0	0
13									0	0			0	0
14									0	0			0	0
15									0	0			0	0
16									0	0			0	0
17									0	0			0	0
18									0	0			0	0
19									0	0			0	0
20									0	0			0	0
21									0	0			0	0
22									0	0			0	0
20,247,483										273,725	464,047	0	4,953,756	19,783,436

Part X, Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported:

☐ Cost☒ End of year market value (FMV)

		0	233,977,440	255,377,190
		Beginning Balance Book Value FMV	Ending Balance Book Value FMV	
		Value at Time of Donation		
		Number of Shares/ Face Value		
		Check if Closely-Held Equity Interests		
		Check if Financial Derivatives		
		Check if Publicly Traded Securities?		
		Description		
1	Money Market & ST Investments		18,331,442	39,235,243
2	Fixed Income Investments		34,356,124	29,228,810
3	Private Equity Investments		31,005,118	67,789,394
4	Real Estate Investments		26,154,690	17,106,367
5	Absolute Return Investments		28,825,302	27,667,719
6	Hedged Global & US Equity		95,304,764	74,349,657
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

Part X, Line 25 (990) - Other Liabilities

Description		Beginning	End
1	Federal income taxes		
2	Funds Held for M-Club	2,021,877	2,369,211
3	Annuities Payable	2,707,712	3,231,893
4	Misc Funds Held for Others	7,163	5,089
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

4,736,752 5,606,193