

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

7/1/2017 6/30/2018 For the 2017 calendar year, or tax year beginning and ending Employer identification number C Name of organization University of Maryland College Park Foundation Inc Check if applicable Doing business as Address change Number and street (or PO box if mail is not delivered to street address) 52-2197313 Name change Telephone number 4603 Calvert Road ZIP code Initial return City or town 301-955-1265 20740 College Park MD Final return/terminated Foreign postal code Foreign country name Foreign province/state/county G Gross receipts \$ 185.826.932 Amended return F Name and address of principal officer Yes X No Application pending H(a) is this a group return for subordinates? Jacqueline Lewis 4603 Calvert Road, College Park, MD 20740² H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c)(3) 4947(a)(1) or 501(c)) < (insert no) Tax-exempt status J Website: ▶ www.umcpf.org H(c) Group exemption number X Corporation K Form of organization Trust Association Other > L Year of formation 1999 M State of legal domicile MD **Summary** Part I Briefly describe the organization's mission or most significant activities To receive, hold, invest, manage, use, Activities & Governance dispose of and administer property of all kinds and to make expenditures that benefit the University of Maryland College Park, in support of its mission, goals and programs Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 66 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 C4 Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 168,785,377 Contributions and grants (Part VIII, line 1h) 63,224,698 Program service revenue (Part VIII, line 2g) 1,043,703 760,962 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 27,858,304 14,473,499 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,043,567 1,733,391 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 93,170,272 185,753,229 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 47,595,155 59 770,614 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10 Professional fundraising fees (Part IX, column (A), line 11e 0 567,206 Total fundraising expenses (Part IX, column (D), line 35) 17 11,109,857 11,543,790 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e Total expenses Add lines 13-17 (must equal Part IX, details) 58,705,012 71.881.610 18 113,871,619 19 Revenue less expenses Subtract line 18 from line 12 34,465,260 Beginning of Current Year **End of Year** 20 Total assets (Part X. line 16) 542.066.082 658,448,616 21 Total liabilities (Part X, line 26) 27,112,215 17,703,556 Net assets or fund balances Subtract line 21 from line 20 514,953,867 640,745,060 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 Decjaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of office Here Michael King Type or print name and title Print/Type preparer's name Preparer's signature Check Paid self-employed **Preparer** Firm's EIN Firm's name **Use Only** Firm's address Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes

For Paperwork Reduction Act Notice, see the separate instructions.

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Yes No

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
2 3	Did the organization required to complete schedule b, schedule of contributors (see instructions).	-	^	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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,	1 1		
	Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1 1		
	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,	_		V
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	-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	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	\vdash		-
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt	1		
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_	Х	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1 1		
	Schedule D, Part VI	11a	<u> X</u>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	l l		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
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		Х
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		Х
е	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	Χ_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	ا ۵۰.		Ų,
12	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<u>x</u>
b	Did the organization maintain an onice, employees, or agents obtained of the ormal states? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144	_	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? 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			
46	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Χ_	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross prome from gaming activities on Part VIII, line 9a?	18	X	L
13	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		~
	100, Complete Conduite O, Fart III	1 13		X

Part IV	Chacklist	of Required	Schedules	(continued)
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			Yes	No_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	Х	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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			ļ
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			{
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines]
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		_	_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			ļ
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			ľ
	current or former officers, directors, trustees, key employees, highest compensated employees, or	20		
27	disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		}
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	Í	ĺ	ĺ
_	Schedule L, Part IV	28b	├	X
С	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? If "Yes," complete Schedule L, Part IV	28c	ļ	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	 ^-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1 ==	<u> </u>	_
	conservation contributions? If "Yes," complete Schedule M	30	l	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?		Į	
22	If "Yes," complete Schedule N, Part II	32	 -	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	x	}
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33	 ^-	
	III, or IV, and Part V, line 1	34	X	}
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related] ,	
27	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	1	ļ	
	VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>	 	 ^
- -	19? Note. All Form 990 filers are required to complete Schedule O	38	×	}
			990	

Form 9	990 (2017) University of Maryland College Park Foundation Inc 52-2	2197313	F	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	' Check if Schedule O contains a response or note to any line in this Part V	•		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	14		\vdash
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	o		1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	7		
	gaming (gambling) winnings to prize winners?	1c	X	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-:-	<u> </u>	
-4	Statements, filed for the calendar year ending with or within the year covered by this return 2a	ol	ſ	1
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)	<u></u>	 	ऻ─ॱ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		 ^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	JD		
7 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ĺ	Ì	ĺ
	account)?	4a		X
b	If "Yes," enter the name of the foreign country	1-74	 	 ^ -
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	-		
	(FBAR)	İ	Ì	Ì
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	 5a		X
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	├─	\ ^
b b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	├	 ^-
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	├	┼
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h		- Oa	├	┼^-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	•	90	├──	┼
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	x	╁
		10	 ^	├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		\ _V
_	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c	-	X
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
e	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	7f	-	x
				+^
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	\ '''	├	-
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	 	
9	• Sponsoring organizations maintaining donor advised funds.	-	├~	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 	
a b	· · · · · · · · · · · · · · · · · · ·	9b	├	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30	-	├
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			Ì
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	\dashv	}	1
b 44	· · · · · · · · · · · · · · · · · · ·	\dashv		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a		ł	
a	——————————————————————————————————————	\dashv		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1	1	
12-	· · · · · · · · · · · · · · · · · · ·		 	 -
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	\vdash	+
b 12	· · · · · · · · · · · · · · · · · · ·			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	425	├─	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	\vdash	\vdash
L	Note. See the instructions for additional information the organization must report on Schedule O	1	ì	1
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			1
_	Enter the amount of reserves on hand	\dashv	ł	1
С	Enter the amount of reserves on hand		L	1

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part VI

University of Maryland College Park Foundation Inc 52-2197313 **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

	Check it ochedule o contains a response of note to any line in this fact vi	·		<u> </u>	<u> </u>		
Sect	on A. Governing Body and Management				1		
	The state of the s	4-		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a (<u>56</u>	1	i i		
	If there are material differences in voting rights among members of the governing body, or						
	If the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O	41.	ام				
b	Enter the number of voting members included in line 1a, above, who are independent		36				
2							
_	any other officer, director, trustee, or key employee?		2	-	X		
3	Did the organization delegate control over management duties customarily performed by or under				,		
	supervision of officers, directors, or trustees, or key employees to a management company or other		3	+	X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4	 	X		
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets'	5_	-	X		
6	Did the organization have members or stockholders?		6	+	X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	1_		١.,		
_	one or more members of the governing body?		7a	-	X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	1					
_	stockholders, or persons other than the governing body?		7b	-	X		
8	Did the organization contemporaneously document the meetings held or written actions undertake	n auring					
	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 a grant and addresses in Schooling O.	eacned	9	ł	,		
Saat	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the	Internal Devenue			<u> </u>		
Ject	on B. Policies (This Section B requests information about policies not required by the	internal Neverius	Coue	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a	+	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters	1.0		 		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b	ĺ	ĺ		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	_			
b							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"					
	describe in Schedule O how this was done		12c	X			
13	Did the organization have a written whistleblower policy?		13	<u> </u>			
14	Did the organization have a written document retention and destruction policy?		14	<u> </u>			
15	Did the process for determining compensation of the following persons include a review and appro	val by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?		_[
а	The organization's CEO, Executive Director, or top management official		15a		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 arrangements	jement]		<u> </u>		
	with a taxable entity during the year?		16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard	l	-l	!		
	the organization's exempt status with respect to such arrangements?		16b	<u> </u>	<u> </u>		
	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed See Attached Sta		/O)				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	U-1 (Section 501(c)	(೨)s on	y)			
	available for public inspection. Indicate how you made these available. Check all that apply	alom in Cabadula d	. .				
19		plain in Schedule (•	- d			
13	Describe in Schedule O whether (and if so, how) the organization made its governing documents, financial statements evaluable to the public during the toy year.	conflict of interest p	опсу, а	rıa			
20	financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's t	nocks and records					
20	Michael King	(301) 955-12	• \$5				
	4603 Calvert Road, College Park, MARYLAND 20740	(301) 333-121					

University of Maryland College Park Foundation Inc. Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

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

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

	hours for related organizations below dotted line)	Individual trustee or director	Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer (Individual trustee) or director		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) GEOFF J GONELLA	1 00								
CHAIR - BOARD OF TRUSTEES	0 00	X	<u> </u>				0	0	0
(2) PAUL S MANDELL	1 00						_	_	_
CHAIR - EXECUTIVE COMMITTEE	0 00	_X_					0	0	0
(3) SHARON LAKERS	1 00						_	_	_
CHAIR - COMMITTEE ON TRUSTEES	0 00	-	_				0	0	0
(4) MARLENE K FELDMAN	1 00	i							_
CHAIR - ADVOCACY/GOVERNMENT	0 00	-	<u> </u>				0	0	0
(5) EMILIO A FERNANDEZ	1 00								
EXEC COMMITTEE AT LARGE	0 00	+			L.,		0	0	0
(6) V RAYMOND FERRARA	1 00								
IMMEDIATE PAST CHAIR	0 00	+	_		L.		0	0	0
(7) RICHARD FINKELSTEIN	1 00		ĺ	'					l
CHAIR - REAL ESTATE COMMITTEE	0 00	X	╙	L		 L.	0	0	0
(8) ERIC FRANCIS	1 00								
EXEC COMMITTEE AT LARGE	0 00	X	<u> </u>	L			0	0	0
(9) TIMOTHY F MALONEY	1 00					ļ			
EXEC COMMITTEE AT LARGE	0 00	X	Х				0	0	0
(10) DR RUCHI MEHTA	1 00		ľ	ŀ					
CHAIR - BUDGET, AUDIT AND INVESTMENT COM	0 00	Х					0	0	0
(11) DANIEL I MILLMAN	1 00								
EXEC COMMITTEE AT LARGE	0 00	Х					0	0	0
(12) CRAIG A THOMPSON, ESQ	1 00								
CO-CHAIR CAMPAIGN STEERING COMMITTEE	0 00	X					0	0	0
(13) MURRAY P ABRAMS	1 00			ł					
TRUSTEE	0 00	X	L				0	0	0
(14) ARTHUR H ADLER	1 00		1						
TRUSTEE	0 00	X					0	0	0

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII Position (B) (do not check more than one (D) (E) (F) (A) Estimated box, unless person is both an Reportable Reportable Name and title Average compensation compensation hours per officer and a director/trustee) amount of from related week (list any fmm other Officer Highest compensated Individual trustee ₹ employee Institutional trustee hours for organizations compensation the related employee organization (W-2/1099-MISC) from the organizations (W-2/1099-MISC) organization below dotted and related organizations line) (15) JOHN ALAHOUZOS 100 TRUSTEE 0.00 Х 0 0 0 (16) WANDA A ALEXANDER 1 00 TRUSTEE 0 00 Х 0 0 (17) ALAN M ALSHEIMER JR 1 00 0.00 0 0 0 TRUSTEE (18) CARLTON M ARRENDELL 1 00 0 00 0 0 0 TRUSTEE (19) DAVID M BAGGETT 1 00 TRUSTEE 0 00 0 0 1 00 (20) KENNETH BEDINGFIELD Х 0 0 TRUSTEE 0 00 (21) THOMAS G BIRNBACH 1 00 TRUSTEE 0 00 0 0 (22) MARK L BUTLER 1 00 0 00 Х 0 0 0 TRUSTEE (23) ALBERT P CAREY 1 00 TRUSTEE 0.00 0 0 0 (24) MARK T CIARDI 100 Х 0 0 0 TRUSTEE 0 00 (25) NANCY CLARVIT 100 0 00 0 TRUSTEE O 0 Sub-total 0 0 0 Total from continuation sheets to Part VII, Section A 823,964 0 0 \triangleright 0 Total (add lines 1b and 1c) 823,964 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Χ Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

for services rendered to the organization? If "Yes," complete Schedule J for such person

N	(C) Compensation		
August Jackson Company	7475 Wisconsin Ave Suite 640 Bethesda, MD 20814	Campaign Launch	809,536
UM GOOD TIDINGS CATERING	1150 SOUTH CAMPUS DRIVE COLLEGE PARK, MI	CATERING SERVICES	562,567
RUFFALO NOEL LEVITZ	PO BOX 718 DES MOINES, IA 50303	TELL-A-TERP CALL CTR	534,979
Arts Manager	1300 Pennsylvania Ave N W Washington, DC 20004	Arts Management Services	434,598
Ballinger	833 Chestnut Street Suite 1400 Philadelphia, PA 191	Space Data Integration Servi	288,162
2 Total number of independent contractors (including but not limited to those listed above) who received			
more than \$100,000 of comp			

Form 990 (2017) University of Maryland College Park Foundation Inc

Far	. VIII	Check if Schedule O contains	s a response or	note to anv line in	this Part VIII			П
		:	- <u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	52,543				
, G	С	Fundraising events	10	0		i		1
ar A	d	Related organizations	10	0		,		,
18, E	е	Government grants (contribution	ns) 1e	0		-		
rtlor er S	f	All other contributions, gifts, grad	nts, and					1
를 들		similar amounts not included ab-	ove 1f	168,732,834				17
ont	g	Noncash contributions included in	lines 1a-1f ⁻ \$	13,889,469		ì	2	}
	h	Total. Add lines 1a-1f			168,785,377			<u> </u>
9	l			Business Code				
Ven	2a				608,152	608,152		
8	þ	Conferences/Seminars			8,101	8,101		<u> </u>
Vice	С	Educational Programs			104,157	104,157		
Ser	d	Ticket Sales			40,552	40,552		
E I	е				0			
Program Service Revenue	f	All other program service revenu	Je		0			<u> </u>
	g	Total. Add lines 2a-2f		<u> </u>	760,962			
	3	Investment income (including di	vidends, interest	, and				
	i .	other similar amounts)			14,473,499			14,473,499
	4	Income from investment of tax-e	exempt bond pro	ceeds	0			
	5	Royalties	(V Post	(v) Personal				
	•	0	(i) Real	(ii) Personal		1		
	6a	Gross rents	1,525,57					}
	b	Less rental expenses	73,703					
	C	Rental income or (loss)	1,451,874	1 0	4 454 974			1 451 974
	d Zo	Net rental income or (loss)	(i) Secunties	(II) Other	1,451,874			1,451,874
	7a	Gross amount from sales of assets other than inventory		0 0	ľ	Ì		1
	.	Less cost or other basis		 				
	b	and sales expenses	1 ,	اه اد				
	С	Gain or (loss)				}		·
	d	Net gain or (loss)	<u> </u>	<u> </u>	0			·
		Net gain or (loss)			\ -			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	0 1c) a	281,517				,
ţ	b	Less direct expenses	b	0		1		
O	С	Net income or (loss) from fundra	aising events		281,517			<u> </u>
	9a	Gross income from gaming activ	/ities					
		See Part IV, line 19	а	0				1
		Less direct expenses	b	0				
	1	Net income or (loss) from gamin	ig activities		0			<u> </u>
	10a	Gross sales of inventory, less	•					
		returns and allowances	а	0				1
	b	Less cost of goods sold	b	0				.
	С	Net income or (loss) from sales	of inventory	<u> </u>	0			<u> </u>
		Miscellaneous Revenue		Business Code				
	11a				0			<u> </u>
	b				0			
	С				0			
	d	All other revenue			0			1
	е	Total. Add lines 11a-11d		_	0			
	12	Total revenue. See instructions		▶	185,753,229	760,962	(15,925,373

	90 (2017) University of Maryland College Park Foun	dation Inc		52-2197	'313 Page 10
	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	ganizations must co	omplete column (A)	
000	Check if Schedule O contains a response or note			(.)	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	59,770,614	59,770,614		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			[
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	}		ł	
	trustees, and key employees	0		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 accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	809,470		809,470	
b	Legal -	138,083	40,486	97,597	<u>.</u>
C	Accounting	122,921		122,921	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	567,206			567,20
f	Investment management fees	81,586		81,586	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	3,270,607	3,243,289	27,318	
12	Advertising and promotion	423,031	422,125	906	
13	Office expenses	438,118	408,760	29,357	
14	Information technology	183,022	163,930	19,091	
15	Royalties	0			
16	Occupancy	0			
17	Travel	978,270	978,055	215	
18	Payments of travel or entertainment expenses		1		
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	43,957	43,957		
20	Interest	124,922		124,922	
21	Payments to affiliates	52,486		52,486	
22	Depreciation, depletion, and amortization	228,552	0	228,552	(
23	Insurance	111,808	18,567	93,241	
24	Other expenses Itemize expenses not covered	1		1	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		İ	1	
	(A) amount, list line 24e expenses on Schedule O)		4= 1 = 1		
a	REPAIR/RENOVATION/BLDG MAINT	304,320	174,041	130,279	
b	REIMBURSEMENT TO UMCP	900,000		900,000	
C	BANK & CC FEES	224,845		14,092	210,75
d	TEAM APPAREL	139,077	139,077		
е	All other expenses	2,968,715	2,581,244	387,471	
25	Total functional expenses. Add lines 1 through 24e	71,881,610	67,984,145	3,119,504	777,960
26	Joint costs. Complete this line only if the	1			

organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation Check here following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or	note to	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			44,129,606	2	38,362,709
	3	Pledges and grants receivable, net			88,401,815	3	163,650,011
	4	Accounts receivable, net		6,725	4	57,064	
	5	Loans and other receivables from current and for	ormer of	ficers, directors,			.
		trustees, key employees, and highest compens	ated em	ployees			
		Complete Part II of Schedule L		·	0	5	0
	6	Loans and other receivables from other disqualified personal	ons (as de	efined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a					
		sponsoring organizations of section 501(c)(9) voluntary e		-			
र		organizations (see instructions) Complete Part II of Sche			0	6	0
Assets	7	Notes and loans receivable, net			597,362	7	580,367
As	8	Inventories for sale or use		ļ-	0	8	000,007
	9	Prepaid expenses and deferred charges			37,995	9	0
	10a	Land, buildings, and equipment cost or	1 1	-	07,000		
	104	other basis Complete Part VI of Schedule D	10a	31,624,251			
	ь	Less accumulated depreciation	10b	118,147	20,160,075	10c	31,506,104
	11	Investments—publicly traded securities	100	110,147	20, 100,075	11	31,300,104
	12	Investments—publicly traded securities Investments—other securities See Part IV, line	11	-	387,283,714	12	424,256,522
	13	Investments—program-related See Part IV, line			0	13	424,230,322
	14	· -	5 11	-	0	14	0
	15	Intangible assets	-	1,448,790	15	35,839	
	16	Other assets See Part IV, line 11	al luna 2	,	542,066,082	16	658,448,616
—	17	Total assets. Add lines 1 through 15 (must equ	4)	10,508,565	17	1,437,728	
	18	Accounts payable and accrued expenses Grants payable		-	10,508,585	18	1,437,728
	19	Deferred revenue		-	1,224,495	19	1,337,531
				-	1,224,495	20	1,337,331
	20	Tax-exempt bond liabilities	Dort IV.	t Cabadula D	0	21	0
<i>t</i> 0	21	Escrow or custodial account liability Complete		<u> </u>			
Liabilities	22	Loans and other payables to current and forme		·			
Ē		trustees, key employees, highest compensated disqualified persons. Complete Part II of Sched		ees, and			
ia	22	·		-		22	0 550 470
_	23	Secured mortgages and notes payable to unrel			3,636,079		3,552,472
	24	Unsecured notes and loans payable to unrelate	-		0	24	0
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on line: Part X of Schedule D	5 17-24)	Complete	44 740 070	0.5	44 075 005
	00			-	11,743,076		11,375,825
	26	Total liabilities. Add lines 17 through 25		+	27,112,215	26	17,703,556
u)		Organizations that follow SFAS 117 (ASC 95		k here ► X and			
Š		complete lines 27 through 29, and lines 33 a	nd 34.				
<u>a</u>	27	Unrestricted net assets		_	9,025,894	27	4,703,621
Ba	28	Temporarily restricted net assets			233,190,630	28	265,032,466
5	29	Permanently restricted net assets		<u> </u>	272,737,343	29	371,008,973
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958),	check he	ere and			-
ō		complete lines 30 through 34.					
र्क्	30	Capital stock or trust principal, or current funds		-	0	30	0
Net Assets	31	Paid-in or capital surplus, or land, building, or e	guipmer	nt fund	0	31	0
t A	32	Retained earnings, endowment, accumulated in			0	32	0
Š	33	Total net assets or fund balances	,		514,953,867	33	640,745,060
	34	Total liabilities and net assets/fund balances			542,066,082	34	658,448,616

	Offiversity of Maryland Conege Fark Foundation inc	<u></u>	<u>-2 137 0 13</u>	ray	<u> </u>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18	5,753	,229
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,881	
3	Revenue less expenses Subtract line 2 from line 1	3	113	3,871	,619
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	514	1,953	,867
5	Net unrealized gains (losses) on investments	5	1:	2,519	,824
6	Donated services and use of facilities	6			
7	Investment expenses ,`	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-600	,250
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	640),7 <u>45</u>	,060
Part	XII Financial Statements and Reporting			_	
_	Check if Schedule O contains a response or note to any line in this Part XII			L	
				Yes	No
1	Accounting method used to prepare the Form 990 CashX 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?		2a		<u> X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Donsolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
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		3ь	}	

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name	Name of the organization Employer identification number								
	Jniversity of Maryland College Park Foundation Inc 52-2197313								
Par		Reason for Public Char							
1 1	orga	anization is not a private foundate A church, convention of church	•		-			10	
2		A school described in section 1	70(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 99	0-EZ))	ľ		
3		A hospital or a cooperative hosp	pital service organiz	ation described in sec	tion 170(I	o)(1)(A)(iii	i). \		
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	Х	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 govern	ment or governmen	tal unit described in se	ction 170	(b)(1)(A)(v).		
7		An organization that normally redescribed in section 170(b)(1)(m a gover	nmental u	ınıt or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	H)				
9		An agricultural research organia or university or a non-land-gran university							
10		An organization that normally re receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ns—subject to certain ed business taxable ind	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its	
11		An organization organized and	operated exclusivel	y to test for public safe	ty See se	ction 509	(a)(4).		
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	9(a)(2). See section	n 509(a)(3).	
а		Type I. A supporting organize the supported organization(sorganization You must con	ation operated, sup s) the power to regu nplete Part IV, Sect	ervised, or controlled blarly appoint or elect a ions A and B.	y its supp majority o	orted orga of the direc	anization(s), typically ctors or trustees of the	by giving ne supporting	
b		Type II. A supporting organization or management of the organization(s) You must control Type III functionally integral	e supporting organi omplete Part IV, Se	zation vested in the sa	me perso	ns that co	ntrol or manage the	supported	
		its supported organization(s)	(see instructions)	You must complete P	art IV, Se	ctions A,	D, and E.	•	
d		Type III non-functionally in that is not functionally integr requirement (see instruction	ated The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att		
е		Check this box if the organiz					Type I, Type II, Type	e III	
		functionally integrated, or Ty		illy integrated supporting	ng organiz	ation		<u> </u>	
ľ		Enter the number of supported of Provide the following information		ed organization(s)			. /	<u> </u>	
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				N.	Yes	No			
(A)					163	110		1	
(B)						-		<u> </u>	
(C)									
(D)									
(E)				<u> </u>				,	
Tota	1		Water and the first to the	THE REAL PROPERTY.	,走水件!"柳	ीं अल्डि	0	0	

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.)

Sec	etion A. Public Support	iis to quality und	dei ille lesis lis	iteu below, piea	se complete r	artin)	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	(1) = 3 + 3	(-)	\-\(\frac{1}{2} - \frac{1}{2}			
•	membership fees received (Do not						
	include any "unusual grants ")	38,917,612	101,946,791	78,543,815	63,180,272	168,732,834	451,321,324
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	j				1	
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the					ŀ	
	organization without charge						0
4	Total. Add lines 1 through 3	38,917,612	101,946,791	78,543,815	63,180,272	168,732,834	451,321,324
5	The portion of total contributions by					ľ	
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on		Í				
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						451,321,324
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	38,917,612	101,946,791	78,543,815	63,180,272	168,732,834	451,321,324
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	sımılar sources	25,556,830	10,085,048	11,258,038	29,864,040	15,999,076	92,763,032
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 VI)						0
11	Total support. Add lines 7 through 10	<u> </u>					544,084,356
12	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	i, or fifth tax year as	s a section 501(c)	(3)	. ┌─
_	organization, check this box and stop here		<u> </u>				
	ction C. Computation of Public Su						
	Public support percentage for 2017 (line 6, c			7))		14	82 95%
	Public support percentage from 2016 Sched					15	77 14%
16a	33 1/3% support test—2017. If the organiz			, and line 14 is 33 1	/3% or more, che	ck this box	
	and stop here. The organization qualifies as		_				▶ X
þ	33 1/3% support test—2016. If the organiz				33 1/3% or more	, check this	_
	box and stop here. The organization qualifie	es as a publicly sup	ported organization	n			▶
17a	10%-facts-and-circumstances test—2017	-					
	is 10% or more, and if the organization meet				•		
	Part VI how the organization meets the "fact organization	s-and-circumstance	s test The organ	ization qualifies as	a publicly support	ea	▶
L	•	If the organization	did not chook a h	ov on line 12 16a	16h or 17a and 1	ine.	
O	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization m					iii C	
	Explain in Part VI how the organization meet					ly	
	supported organization				•	•	▶ _
18	Private foundation. If the organization did	not check a box on	line 13. 16a. 16b.	17a, or 17b. check t	this box and see		_
	instructions		.,,	, ., .,			▶ □

university of Maryland College Park Foundation Inc Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II

	If the δτganization fails to qua	alify under the	tests listed belo	ow, please com	<u> plete Part II)</u>		
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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	, ,				1	
	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						
	ıts 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
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
h	Amounts included on lines 2 and 3						
D							
	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	ď	0	0	0	0
8	Public support (Subtract line 7c from						,
_	line 6)				L		0
	tion B. Total Support				,		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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,			Ì			
	royalties, and income from similar sources	l					0
b	Unrelated business taxable income (less					·	
	section 511 taxes) from pusinesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	\ 0	0	0
11	Net income from unrelated business						
••	activities not included in line 10b, whether				\ \ \		
	· ·				\ \ \		O
42	or not the business is regularly carried on		<u> </u>	<u>-</u> -		\	
12	Other income Do not include gain or						
	loss from the sale of capital assets						_
	(Explain in Part VI)				ļ		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 or	rganization's first, s	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here					\	▶∟
Sec	ction C. Computation of Public Sup	pport Percenta	age			\	
15	Public support percentage for 2017 (line 8, c	olumn (f) divided b	y line 13, column ((f))		15	0_00%
16	Public support percentage from 2016 Schede	ule A, Part III, line	15			16	0 00%
Sec	ction D. Computation of Investmen						
17	Investment income percentage for 2017 (line			olumn (f))		17	0 00%
18	Investment income percentage from 2016 Sc		=	V-77		18	0 00%
	33 1/3% support tests—2017. If the organi			4, and line 15 is m	ore than 33 1/3%		7 2000
	not more than 33 1/3%, check this box and s						\ ▶□
b	33 1/3% support tests—2016. If the organi	-				33 1/3%, and	\ '
	line 18 is not more than 33 1/3%, check this						\▶□
20	Private foundation of the organization did r		_		-		<u>`</u>

Part IV Supporting Organizations

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

	Sections A, D, and E if you checked 120 of Part I, complete Sections A and D, and complete I	ait v)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	<u> </u>		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status		\vdash	
-				
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	- -		
	organization was described in section 509(a)(1) or (2)	2		L.,
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		l
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
		3b		
	organization made the determination	30		<u> </u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	 		
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
~	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	· · · · · · · · · · · · · · · · · · ·	45		
	despite being controlled or supervised by or in connection with its supported organizations	4b		.
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
-	answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN			i 1
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		Ĺ
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		}	1 1
				1
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	<u> </u>		ـــا
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		L
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	[
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
0-		۴		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			ı
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			┝──
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		<u> </u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			لــــا
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
•	from assets in which the supporting organization also had an interest? If "Yes" provide detail in Part VI .	9c		

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

10a

10b

Part	V Supporting Organizations (continued)			
_	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		ļ	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>	ļ	
	below, the governing body of a supported organization?	11a		ļ
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	l
Section	on B. Type I Supporting Organizations			1
4	Dulling the state of the state	_	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	1		1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		Ì	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	 	-
2	Did the organization operate for the benefit of any supported organization other than the supported	├	├	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1]
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		ŀ	
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	<u> </u>
	or management of the supporting organization was vested in the same persons that controlled or managed	<u> </u>	<u> </u>	
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1	ł	1 1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		l	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<u> </u>	<u> </u>	
•	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
	supported organizations played in this regard		 	·
Secti	on E. Type III Functionally Integrated Supporting Organizations		L	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru		۵۱	
' a	The organization satisfied the Activities Test. Complete line 2 below	Cuon	3)	
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions	s)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			ļ
,	that these activities constituted substantially all of its activities	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			.
	activities but for the organization's involvement	2b		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u></u>		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h	 	-
	ours supported organizations (it it yes it describe in Part VI the role blaved by the organization in this regard	1.50	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgani	<u>izations</u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust	on Nov 20, 1970 (explain	in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	nızatıor	ns must complete Sections	A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	\top		<u> </u>
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			-
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	. 0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6_		0
7 Check here if the current year is the organization's first as a non-functional	lly integ	grated Type III supporting of	organization (see
instructions)			

Part \	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	l	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			0
8	Distributions to attentive supported organizations to which the	ne organization is respor	nsive	
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2017 from Section C, line 6			0
10_	Line 8 amount divided by line 9 amount			0 000
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
			Pre-2017	Amount for 2017
1_	Distributable amount for 2017 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2017			· II
2	(reasonable cause required—explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2017			
a	<u> </u>			
b_	From 2013 0			
с	From 2014 0			
d	From 2015 0			
	From 2016 0			· · · · · · · · · · · · · · · · · · ·
	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2017 distributable amount			0
i	Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2017 from			
	Section D, line 7 \$ 0			·
	Applied to underdistributions of prior years		0	
	Applied to 2017 distributable amount			0
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result			1
	greater than zero, explain in Part VI See instructions		0	
6	Remaining underdistributions for 2017 Subtract lines 3h	}		
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			0
7	Excess distributions carryover to 2018. Add lines 3j			!
	and 4c	0		
8	Breakdown of line 7	<u> </u>		L
a	Excess from 2013 0			
<u>b</u>	Excess from 2014 0			<u> </u>
<u>C</u>	Excess from 2015 0			
d	Excess from 2016 0			
е	Excess from 2017 0			

Schedule A (F	orm 990 or 990-EZ) 2017	University of Maryland	d College Park Foundation Inc	<u>52-2197313</u> Pa	age 8
Part VI			planations required by Part II, line 10, I		
, 			3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b,		
			art IV, Section D, lines 2 and 3, Part IV		
			line 1e, Part V, Section D, lines 5, 6, a		
			any additional information (See instru		
	moo z, o, and o 7th	oo complete the part for	arry additional information (Coo motes	5.101.10 /	
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					1♥
				,	
				u u	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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

2017

OMB No 1545-0047

Open to Public Inspection

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

Mame c	r the organization		Employer identification number			
Unive	rsity of Maryland College Park Foundation Inc		52-2197313			
Part	Organizations Maintaining Donor	Advised Funds or Other Similar Fu	nds or Accounts.			
		ed "Yes" on Form 990, Part IV, line 6				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and dor	or advisors in writing that the assets held i	n donor advised			
	funds are the organization's property, subject					
	Did the organization inform all grantees, dono					
	used only for charitable purposes and not for t					
	purpose conferring impermissible private bene		Yes No			
Part	<u> </u>	<u></u>				
· ait		ed "Yes" on Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by					
' '	 ' ' '		on of a historically important land area			
l	Preservation of land for public use (e g , r	· ;=	· ·			
Į	Protection of natural habitat	Preservation	on of a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	n in the form of a conservation			
	easement on the last day of the tax year		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation ease	ments	2b			
C	Number of conservation easements on a certi	fied historic structure included in (a)	2c			
d	Number of conservation easements included i	n (c) acquired after 7/25/06, and not on a				
	historic structure listed in the National Registe					
3	Number of conservation easements modified,	transferred, released, extinguished, or terr	ninated by the organization during			
	the tax year ▶					
4	Number of states where property subject to co					
5	Does the organization have a written policy re					
	violations, and enforcement of the conservation	n easements it holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforcing	conservation easements during the year			
	•					
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cons	servation easements during the year			
	▶ \$					
8	Does each conservation easement reported o	n 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 XIII, describe how the organization rep					
	balance sheet, and include, if applicable, the t		ancial statements that describes			
	the organization's accounting for conservation					
Part	III Organizations Maintaining Collect		r Other Similar Assets.			
		ed "Yes" on Form 990, Part IV, line 8				
	If the organization elected, as permitted under	· · · · · · · · · · · · · · · · · · ·				
	works of art, historical treasures, or other simi	•				
	of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
	If the organization elected, as permitted under	· · · · · · · · · · · · · · · · · · ·				
	works of art, historical treasures, or other simi		ion, or research in furtherance			
	of public service, provide the following amoun					
	(i) Revenue included on Form 990, Part VIII,	ine 1	► \$ ► \$ 100,000			
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of a		- ·			
	following amounts required to be reported und	· · · · · · · · · · · · · · · · · · ·	tems			
	Revenue included on Form 990, Part VIII, line	1	▶ \$			
b	Assets included in Form 990, Part X		▶ \$			

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

Par	III Organizations Maintaining Col	ections of Ar	t, Histo	rical Tre	asures, or	Other	Similar Assets	(conti	nued)	
3	Using the organization's acquisition, access	sion, and other	records,	check any	of the follow	ing tha	t are a significant	use of it	s	
	collection items (check all that apply)						•			
а	X Public exhibition		d [Loan	or exchange	progra	ms			
b	Scholarly research		e X	Other	Statue do	nated	by artist			
С	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									
	XIII									
5	During the year, did the organization solici							_ ,	<u> </u>	1
	assets to be sold to raise funds rather than		ed as par	t of the or	ganization's c	ollectic	on? ———————	<u></u>	s X	No
Par	Part IV Escrow and Custodial Arrangements.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form									
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custo	odian or other in	termediar	ry for cont	ributions or o	ther as	sets not		es 🗀	No
b	included on Form 990, Part X? If "Yes," explain the arrangement in Part X	III and complete	the follo	wing table	•			Ш т	,s	j No
	in res, explain the analogement in Part X	ili aliu complete	tile iolio	wing table	•			Amount		
С	Beginning balance		•			1	_+	***************************************		0
d	Additions during the year					10				
е	Distributions during the year					1	e			
f	Ending balance					1	f			0
2a	Did the organization include an amount or	Form 990, Part	X, line 2	1, for escr	ow or custod	al acco	ount liability?	☐ Y	s X	No
b	If "Yes," explain the arrangement in Part X	III Check here i	f the expl	anation ha	as been provi	ded on	Part XIII			Ī
Pari					<u> </u>					•
	Complete if the organization ans	wered "Yes" o	n Form 9	990. Part	IV, line 10					
		(a) Current year		or year	(c) Two years	back	(d) Three years back	(e) Fo	ur years	s back
1a	Beginning of year balance	328,384,914	288	3,201,000	289,11	6,000	278,263,00	0	248,19	97,000
b	Contributions	98,606,032	16	5,340,401	18,65	5,000	13,792,00	0	12,70	00,000
С	Net investment earnings, gains,									
	and losses	27,648,000		1,239,866		6,000	10,067,00			56,000
d	Grants or scholarships	8,575,000		9,013,5 <u>11</u>	9,27	6,000	8,304,00	이	6,28	33,000
е	Other expenditures for facilities						•			
	and programs	5.044.000		2 202 042	4.00	20.000	4 700 00	. 		27.000
í	Administrative expenses	5,014,032		<u>3,382,842</u> 3,384,914		38,000	4,702,00 289,116,00	_		07,000 63,000
g	End of year balance Provide the estimated percentage of the c	441,049,914					209,110,00	0]	210,20	33,000
a	Board designated or quasi-endowment	• • • • • • • • • • • • • • • • • • •	3%	inic ig, c	olalilli (a)) lic	u u3				
b	Permanent endowment	78%								
С	Temporarily restricted endowment	19%								
	The percentages on lines 2a, 2b, and 2c s	hould equal 100)%							
3a	Are there endowment funds not in the pos	session of the o	rganizatio	on that are	held and ad	mınıste	red for the			
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		X
_	(ii) related organizations							3a(ii)	X	<u>_</u>
b	If "Yes" on line 3a(ii), are the related organ		-					3b	Х	<u> </u>
4	Describe in Part XIII the intended uses of		's endowi	ment tuna	s					
Par			n Form (000 Bod	: IV/ lung 11 a	S00	Form 000 Bod	Y line	10	
-	Complete if the organization ans			Ĭ						
	Description of property	(a) Cost or ot		1	ost or other is (other)) Accumulated depreciation	(d) B	ook valu	ie
	Land	,	0	 	11,860,144				11 8/	50,144
b	Buildings	_	0	 	16,751,850		502,200			49,650
С	Leasehold improvements		0	 	3,552,472		256,162			96,310
d	Equipment		0	†	0		0			0
е	Other		0		100,000		0		10	000.00

31,506,104

D () ///		A41 A	
Part VII	Investments	Other Securities.	

Complete if the organization answere	ed "Yes" on Form 990	D, Part IV, line 11b See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	3,750,000	F
(3) Other Endowment Investment Pool	355,271,571	F
(A) Operating Fund Investment Pool	22,616,022	F
(B) Funds Held For Others	9,136,029	F
(C) CGA/CRUT Investment Pool	5,831,167	F
(D) Short Term Investments	27,651,733	F
(E)		
(F)		
(G)		
(H)		
Total (Column /h) must squal Form 000, Dod V, and (D) long 42.1	424 256 522	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1) Federa	al income taxes	0
(2) Funds	held for Others	9,136,013
(3) Annuit	es Payable	2,239,812
(4)		
(5)		
(6)		_
(7)		
(8)		
(9)		
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25)	11,375,825

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

Sched	ile D (Form 990) 2017 University of Maryland College Park Foundation Inc			<u>52-2197</u>	313 Page 4
Par				eturn.	-
1	Complete if the organization answered "Yes" on Form 990, Pa Total revenue, gains, and other support per audited financial statements	irt IV, line	12a	1	197,672,807
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		ŀ		197,072,007
a	Net unrealized gains (losses) on investments	2a	11,8 <u>45,</u> 875		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c_			
d	Other (Describe in Part XIII)	2d	73,703		
е	Add lines 2a through 2d			2e	11,919,578
3	Subtract line 2e from line 1			3	185,753,229
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIII)	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)	4- \8/:4L		5	185,753,229
Par	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Pa			Retur	1.
1	Total expenses and losses per audited financial statements	iit iv, iiiie	120	1	71,881,610
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				7 1,00 1,0 10
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d	L L		2e	0
3	Subtract line 2e from line 1			3	71,881,610
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		`		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	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	71,881,610
	XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,				I, Part X, line
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pr	-	additional informa	ition	
Part 2	KI Line 2d Reconciliation item to tie to schedule D Part XI is related to Form 990			- 	
Part '	VIII Statement of Revenue reporting rental income net of rental expenses of \$73	,703		.	
Part '	√ Line 4 Endowment funds are held and invested by the Foundation in order to	generate			
	ne used to support the educational and program goals of the University of Maryl				
Colle	ge Park				
Part 2	K Line 2 The FASB isued guidance				
	·		• • • • • • • • • • • • • • • • • • • •		
			•		
			•••••		

Schedule D (Form	n 990) 2017	University of Ma	ryland College P	ark Foundation	n Inc	<u>52-219</u>	7313	Page 5
Part XIII	Supplen	nental Informat	ion (continued	1)	_	 		
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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" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest instructions. OMB No. 1545-0047

Inspection

Employer identification number Name of the organization University of Maryland College Park Foundation Inc 52-2197313 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply e X Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants l x l Special fundraising events X Phone solicitations C X In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (II) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No Terp Call 1 Ruffalo, Noel, Levitz Center PO Box 718 Des Moines IA 50303 Х 0 534,979 0 2 Washburn & McGoldrick Inc Fundraising 24 N Bryn Mawr Rd Suite 252 College Park Counsel Х 0 32,227 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 0 0 0 0 0 0 10 0 0 0 0 Total 0 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, AL, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ , NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, WA, WI, WV

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II. more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through col (c)) lent Affairs Silent Auc eld Hockey Sponsorsl 45 (event type) (event type) (total number) Revenue 39,464 25,245 216,808 281,517 Gross receipts Less Contributions 0 2 Gross income (line 1 minus line 2) 39.464 25.245 216.808 281.517 0 Cash prizes 0 0 0 Noncash prizes Direct Expenses Rent/facility costs 0 0 0 Food and beverages 0 Entertainment 0 0 Other direct expenses 0 Direct expense summary Add lines 4 through 9 in column (d) 0) Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo Gross revenue 0 Direct Expenses Ò Cash prizes Noncash prizes 0 Rent/facility costs 0 Other direct expenses 0 Yes % Yes % Yes % Volunteer labor No No No Direct expense summary Add lines 2 through 5 in column (d) 0) Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities 9 Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain

Schedu	ie G (Form 990 or 990-E2) 2017 University of Maryland College Park Foundation Inc	52-219/313 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes X 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 X No
13	Indicate the percentage of gaming activity conducted in	
а	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 X No
b	If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$0 and the	
	amount of gaming revenue retained by the third party > \$0	
С	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	
а	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	
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional	
	See instructions	
	· · · · · · · · · · · · · · · · · · ·	
	,	
	-	

SCHEDULE 1 (Form 990)

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

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

▶ Attach to Form 990.

2017	Open to Public
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OMB No 1545-0047

Inspection

► Go to www.irs.gov/Form990 for the latest information. Department of the Treasury

Internal Revenue Service Name of the organization

Employer identification number 52-2197313 Yes

) P	Juiversity of Maryland College Park Foundation Inc	52-21973
Pa	art 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?	×
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

5	990, Part IV, line 21, for any recipient that received	for any recipi	ent that received	more than \$5,000. F	Part II can be duplic	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ice is needed	
=	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (2)	(1) University of Maryland College Par 2119 Main Administration Bldg College	52-6002033	170(c)(1)	68,551,351		FMV		Scholarship/Fellowship
8								
ල								
€								
(9)								
9								
E								
®							:	
€			,					
<u>6</u>								
3								
(12)								
8	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and g	jovernment organiza	ations listed in the line	1 table			- 0
က	Enter total number of other organizations listed in the line 1 table	rganizations list	ed in the line 1 table				L	

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

Schedule I (Form 990) (2017)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) scholarship awarded Other University of Maryland college park expenses (salary, benefits, facility, operating expenses, etc.) are paid schools, colleges and the office of student financial aid. The committees apply criteria in each gift agreement and make scholarship award decisions based on the qualifications of the candidate and/or financial need. The university pays for the awards based on the Part I Line 2 The University of Maryland College Park awards scholarships per review by scholarship committee in the individual award letter. The appropriate paperwork is then provided to the Foundation to process a reimbursement to the university for the through the university accounting system and reimbursed by the foundation upon submission of the appropriate documentation (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance က 2 9

Schedule I (Form 990) (2017)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

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

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

Attach to Form 990.

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

Employer identification number

OMB No 1545-0047

2017

Open to Public Inspection

52-2197313 University of Maryland College Park Foundation Inc. **Questions Regarding Compensation** Part I Nο Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 1a 990. Part VII. Section A. line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as, maid, chauffeur, chef) X Discretionary spending account 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 1b Х explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Х 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing 4 organization or a related organization Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b h Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of 5a X The organization? а 5b X Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of The organization? 6a Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe 8 in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

University of Maryland College Park Foundation Inc Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

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

Note: The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of Form 99U, Part VII, Section A, line 1a, applicable column (L) and (E) amounts for that individual	Isted	individual must equal t	ne total amount of FC	orm 990, Part VII, Sec	tion A, line 1a, applica	able column (U) and (E) amounts for that in	dividual
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
. (A) Name and Title		(i) Base compensation	(II) Bonus & incentive compensation	(in) Other reportable compensation	other deferred compensation	benefits	(B)(I)+(D)	in column (8) reported as deferred on prior Form 990
IACKIE I EWIS	(338 109			,		338 109	
1 PRESIDENT	≘		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				0	
MICHAEL KING	ε	250,568					250,568	
2 VP/CFO/TREASURER	(ii)						0	
DAVID SILVER	ε	196,930					196,930	
3 ASST CFO/TREASURER	▣						0	
	(E)							
4	(ii)							
	(3)							
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	ε							
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Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Employer identification number 52-2197313 University of Maryland College Park Foundation Inc

Par	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	Method noncash co			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household				l			
	goods							
6	Cars and other vehicles	,						
7	Boats and planes							
8	Intellectual property	<u> </u>		. <u> </u>				
9	Securities—Publicly traded	X	300	<u>1</u> 3,889,469	FMV			
10	Securities—Closely held stock	<u> </u>		<u></u>				
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic	'						
	structures		.,					
14	Qualified conservation				l			
4-	contribution—Other							
15	Real estate—Residential		· ·					-
16	Real estate—Commercial							
17 40	Real estate—Other							
18 19	Collectibles							
20	Food inventory Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens		· - · · - · · - · · - · · - · · · · · ·	 -				
24	Archeological artifacts							
25	Other • ()		<u></u> .	<u></u>				
26	Other ► ()							
27	Other ► ()				· -· · · · -· · · · · · · · · · · · · ·			
28	Other ▶ (<u> </u>						
29	Number of Forms 8283 received	by the organ	nization during the tax year fo	or contributions for				
	which the organization completed				29			
	· .		•	•			Yes	No
30a	During the year, did the organizat	tion receive l	by contribution any property	reported in Part I, lines 1 thr	ough			
	28, that it must hold for at least th	ree years fro	om the date of the initial con	tribution, and which isn't req	uired	ll		
	to be used for exempt purposes f	or the entire	holding period?			30a		X
b	If "Yes," describe the arrangemen	nt in Part II						
31	Does the organization have a gift	acceptance	policy that requires the review	ew of any nonstandard				
	contributions?			•		31	X	
32a	Does the organization hire or use	third parties	s or related organizations to	solicit, process, or sell				
	noncash contributions?					32a		_X_
b	If "Yes," describe in Part II					ΙŢ		
33	If the organization didn't report ar	n amount in o	column (c) for a type of prop	erty for which column (a) is				,
	checked describe in Part II					ı J		

Part II ू	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Part I Line	9 b Reflects number of individual security contributions received during the
iscal year	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

the organization

University of Maryland College Park Foundation Inc	52-2197313
Form 990, Part III, Line 4d Program Service Expenses 23,905,792, Grants and allocations	
21,426,321, Revenue 60,313,321 (Described in Schedule O)	
Form 990, Part III, Line 4d Athletics - Program service expenses \$1,755,500 Grants and	
allocations \$224,986 Revenue \$4,431,814 Athletics - To provide support for the operation of	
athletic programs and athletic related student activities at the University of Maryland	
College Park	
Form 990, Part III, Line 4d Student Support - Program service expenses \$2,276,659 Grants and	
allocations \$2,137,801 Revenue \$3,005,286 Student Support - To provide support to students	
and student activities at the University of Maryland College Park	
Form 990, Part III, Line 4d Facility - Program service expenses \$17,404 957 Grants and	
allocations \$16,955 491 Revenue \$49,827,088 Facility - To provide support for the upkeep,	
repair and construction of the buildings and grounds of the University of Maryland College	
Park	
Form 990, Part III, Line 4d Research Support - Program service expenses \$ 2,022,715 Grants	
and allocations \$ 1,776,044 Revenue \$2,669,054 Research Support - To provide support for	·
research activities and research facilities at the University of Maryland College Park	
Form 990, Part III, Line 4d Public Service - Program service expenses \$445,961 Grants and	
allocations \$331,999 Revenue \$380,079 Public Service Support - To provide support for	
activities that are mutually beneficial to the University of Maryland College Park and	
individuals and groups external to the institutioon including community service programs	
Form 990, Part XI, Line 9 Change in value of split interest trusts (\$600,250)	
Form 990, Part VI, Line 11b. The process to review the IRS form 990 is as follows. The	
Foundation staff prepares the tax return and submits it to Mike King - Foundation CFO and an	
officer of the Foundation Mike King will then review and approve of the tax return. He will	
then submit it to the Board of Directors via a secure portal for review for a weeks time and	
any questions are immediately addresses. After acceptance by the Board, the tax return is then	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
University of Maryland College Park Foundation Inc	52-2197313
signed by the CFO and submitted to the IRS	
Form 990, Part VI, Line 19 The Foundation makes its governing documents, conflict of interest	
policy, and financial statements available to the public by publishing these documents to the	
organizations' website UMCPF ORG	
Form 990, Part VI, Line 12c The Foundation monitors compliance with its conflict of interest	
policy by requiring Trustees. Officers and employees of the Foundation to annually prepare a	
Disclosure form. These forms are reviewed for any disclosed conflicts and trustees must recuse	
themselves from any matters that come before the Board that may representr a conflict	
Form 990, Part VI, Line 15 a and 15 b. The Foundation president and Top officer salaries are	·
determined by the Universities Human resources as the Offficers are university employees and	
therefore follow personnel rules of the State of Maryland including hiring and salary	·
establishment and review	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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Open to Public 2017

OMB No 1545-0047

28,284,382 University of Maryla (f)
Direct controlling entity Employer identification number Identification of Related Tax-Exempt Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had 52-2197313 (e) End-of-year assets 1,567,478 Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (c)
Legal domicile (state or foreign country) ₽ Q (b) Primary activity Real Estate (a) Name, address, and EIN (if applicable) of disregarded entity (1) Terrapin Development Corporation LLC 82-1381093 4423 Lehigh Road Suite 402 College Park, MD 20740 University of Maryland College Park-Foundation Inc Name of the organization Part II Part (9) 3 <u>ල</u> **4** 9

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity (e)
Public charity status
(if section 501(c)(3)) (d) Exempt Code section (c)
Legal domicile (state
or foreign country) one or more related tax-exempt organizations during the tax year

Primary activity

Name, address, and EIN of related organization

						. Grining	
						SeX	No
(1) The University of Maryland College Park 52-600203 52-6002033 Edu 2119 Main Admin Bidg College Park, MD 20742	cation	MD	170(c)(1)	ł	Not Applicable	×	
(2)		l 				_	İ
(3)							
(4)			i				
(5)							
(9)							
<i>(u</i>)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{
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Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Part III

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

Percentage ownership (i) Section 512(b)(13) Schedule R (Form 990) 2017 ž 3 controlled Yes Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year General or managing partner? ŝ (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (Form 1065) Code V—UBI (g)
Share of
end-of-year assets (h)
Disproportonate
allocations? Yes No (f) Share of total income (g) Share of end-ofyear assets (e)
Type of entity
(C αντρ, S αντρ, or trust) Share of total Income (d)
Direct controlling
entity excluded from tax under sections 512-514) Predominant income (related, unrelated. (c)
Legal domicile
(state or foreign country) (d)
Direct controlling entity (b) Pnmary activity (c)
Legal
domicile
(state or
foreign Primary activity (a)Name, address, and EIN of related organization Name, address, and EIN of related organization ē Part IV (C) **4** 5 € 2 **⊙** € 9 9 3 **©** 3 9

P¦art V

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	နှ
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?	h one or more related org	anizations listed in P	arts II–IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				-F		×
b Gift, grant, or capital contribution to related organization(s)				9	×	
c Gift, grant, or capital contribution from related organization(s)				19		×
				1d		×
				1e		×
f Dividends from related organization(s)				11		×
g Sale of assets to related organization(s)				1g		×
				1h		×
i Exchange of assets with related organization(s)		^		1i		×
j Lease of facilities, equipment, or other assets to related organization(s)				÷	×	
				;		,
k Lease of facilities, equipment, or other assets from related organization(s)				¥		~ :
 Performance of services or membership or fundraising solicitations for related organization(s) 	tion(s)			=		×
 m Performance of services or membership or fundraising solicitations by related organization(s) 	lion(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				Ę		×
 Sharing of paid employees with related organization(s) 				9	×	ľ
				5	×	
q Reimbursement paid by related organization(s) for expenses				10		×
 contract of cash or property to related organization(s) 				-		×
s Other transfer of cash or property from related organization(s)				18		×
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	nust complete this line, inc	cluding covered relati	ionships and transactic	on thres	splot	
(a)		(b)	(c)	440	(d)	ç
Name of related organization		type (a–s)		amor	amount involved	2
				FMV		
(1) The University of Maryland College Park		þ	59,770,614			1
(2) The Howereth of Manyland College Park		_	135.387	FMV		
(4) THE CHINGS BY OF MARY BEING CONSIGNED AND			+	FMV	ľ	
(3) The University of Maryland College Park		, 0	000'006			
				FMV		
(4) The University of Maryland College Park		۵	7,178,144			
(5)						
<i>y,</i> (9)						
			Schedu	Schedule R (Form 990) 2017	ırm 990) 2017

Part VI

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

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

(e)	(q)		(q)	€		(£)	(6)	Ξ		3	S	l	(K)
Name, address, and EIN of entity	Primary activity	(state or foreign country)		Are all partners section 501(c)(3) organizations?		Share of total income	Share of end-of-year assets	Uisproportionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		Percentage ownership
			sections 512-514)	Yes	2		•	Yes	2	-1	Yes	ê	
(1)								↓			-		
(2)													
(3)													
(4)													
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Schedule R (Form 990) 2017

Schedule R (For	n 99ს) 2017	University of Maryland College Park Foundation Inc	52-2197313	Page 5
	Suppleme	ental Information.		
Part VII	Provide a	dditional information for responses to questions on Schedule R See Instruction	ons.	
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