DLN: 93493232001419 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable University Corporation for Advanced Internet Development ☐ Address change 52-2060187 ☐ Name change Doing business as ☐ Initial return Internet2 ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) 100 Phoenix Dr No 111 □ Application pending (734) 913-4250 City or town, state or province, country, and ZIP or foreign postal code Ann Arbor, MI $\,$ 48108 $\,$ G Gross receipts \$ 79,826,262 Name and address of principal officer H(a) Is this a group return for Howard Pfeffer □Yes ☑No subordinates? 100 Phoenix Dr No 111 H(b) Are all subordinates Ann Arbor, MI 48108 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) □ 501(c)() **◄** (insert no) □ 527 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www.internet2.edu L Year of formation 1997 M State of legal domicile DC K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities Internet2 is an exceptional community of U.S. and international leaders in research, academia, industry and government who create and collaborate via innovative technologies together, we accelerate research discovery, advance national and global education, and improve the delivery of public services out community touches nearly every major innovation that defines our modern digital lives and continues to Activities & Governance define "what's next 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) . . . 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 16 5 123 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) 19 Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 7b 11,334 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 7,220,886 6,729,417 Ravenue 71,066,553 72,248,466 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 351,073 58,645 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 385,736 490,674 78,731,820 79,819,630 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 0 n 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19,094,921 18,498,117 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 56,621,042 53,496,951 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 75,715,963 71,995,068 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 3,015,857 7,824,562 Assets or d Balances End of Year Beginning of Current Year 119,591,024 95,177,602 20 Total assets (Part X, line 16) . **21** Total liabilities (Part X, line 26) 110,444,770 78,184,941 Net assets or fund balances Subtract line 21 from line 20 . 9,146,254 16,992,661 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-08-05 Signature of officer Date Sign Here James Pflasterer CFO & Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01247672 **Paid** self-employed Firm's name RSM US LLP Firm's EIN > 42-0714325 Preparer **Use Only** Firm's address ▶ 1 S WACKER DRIVE STE 800 Phone no (312) 634-3400 CHICAGO, IL 60606 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page 2
Pa	till Statement	of Program Ser	vice Accomplis	hments		
	Check If Sche	dule O contains a re	esponse or note to a	any line in this Part III		🗹
1	Briefly describe the o	organization's missio	on .	•		
					capabilities and unique partn	ership opportunities that
toget	her facilitate the devel	lopment, deployme	nt and use of revolu	itionary internet techno	plogies	
2	Did the organization	undertake any sign	ıfıcant program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				. □Yes ☑No
	If "Yes," describe the					
3	•			changes in how it cond	ucts, any program	
	services?					. □Yes ☑No
	If "Yes," describe the	ese changes on Sch	edule O			
4	Describe the organiza	ation's program ser	vice accomplishmer	nts for each of its three	largest program services, as	measured by expenses
	Section $501(c)(3)$ an	d 501(c)(4) organiz	ations are required	to report the amount of	of grants and allocations to ot	
	expenses, and reven	ue, if any, for each	program service re	ported		
4a	(Code) (Expenses \$	48,223,914	including grants of \$) (Revenue \$	42,647,017)
	See Additional Data					
4b	(Code) (Expenses \$	7,151,155	including grants of \$) (Revenue \$	12,598,744)
	See Additional Data					
4c	(Code) (Expenses \$	6,068,981	including grants of \$) (Revenue \$	7,095,617)
	See Additional Data	/ (paaaa 4	0,000,000	monaning grante or ¢	, (110701100 4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	See Additional Data	Table				
4d	Other program service	•	,			
	(Expenses \$	4,571,965	including grants of	\$) (Revenue \$	9,907,088)
		rice expenses ▶	66,016,0			

Form	990 (2018)			Page 3
Pai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🗳	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 🕏	3		No
	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 2	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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 Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b		No
	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21

22

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Νo

20b

21

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Par	tiV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 47		Yes	No

1b

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

Nο

Form **990** (2018)

a Gross income from members or shareholders .

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a 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.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

orm	990 (2018)			Page 6			
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	ines ✓			
Se	ction A. Governing Body and Management						
1a	Enter the number of voting members of the governing body at the end of the tax year 11 12		Yes	No_			
	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						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6	Yes				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No			
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)				
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		No			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt						
	status with respect to such arrangements?	16b					
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶ MI , IN , CA						
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records Kathy Johnson 100 Phoenix Dr Suite 111 Ann Arbor, MI 48108 (734) 913-4250						

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's current of ation Enter -0- in columns (D), (ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (or organizations), re	gardless of amount	-
	of the organization's current key		•								
ho receive	organization's five current high of reportable compensation (Box of and any related organizations										
f reportabl	of the organization's former office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed organ	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1000 MISC)	MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

Page 8

Fair	Section A. Officers, Direc	tors, musices	s, key	Emp,	10 y e	<u> :es,</u>	, and	nigi	lest compensate	zu Employees	(001)	unueu)	
l	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one be both a direct	οοχ, ι an of	ot che unles officer	heck mo ess pers er and a stee)	rson a	(D) Reportable compensation from the organization (W-	from related W- organizations (W-		Estima amount o compens from	ated of other sation the
		organizations below dotted line)		Institutional Trustee	Officei	key employee	Highest compensated employee	Fornio	2/1099-MISC)	2/1035-1713C	,	organizati relati organiza	ed
				1.	\perp	<u> </u>	160	<u> </u>			\perp		
See /	Additional Data Table		<u> </u>		\downarrow	\downarrow	<u> </u>	<u> </u>			\dashv		
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	Sub-Total			-	-	-	•	<u>—</u>			工		
	Total from continuation sheets to P Total (add lines 1b and 1c)	•					>		4,084,347		0		601,385
2	Total number of individuals (including of reportable compensation from the	g but not limited	d to thos				e) who) rec	eived more than \$1	100,000			
											_	Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .								-	i employee on	3	Yes	1
4	For any individual listed on line 1a, is organization and related organization individual									n the	4		
5	Did any person listed on line 1a recei									dividual for		1	
	services rendered to the organization	n? <i>If "Yes," compl</i>									5		No
S e	ection B. Independent Contract Complete this table for your five high		-d inder	nde	nt c	ontr		+hat	t received more tha		mnei	ncation	
	from the organization Report compe	ensation for the c								on's tax year	———		
		(A) and business addre	ess							(B) cription of services		(C Compen	nsation
,	oam LLC								IT Consultır	ng Services			682,451
Knoxv	DE J Chapman Dr kville, TN 37996												
	t Fox LLP								Legal Servio	ces			322,822
Pittsb	lox 644672 burgh, PA 15264												
	Jango LLC								Consulting !	Services			254,558
Ann A	7 Jones Dr Lower Level Arbor, MI 48105												
	rinium LLC								Consulting 9	Services			169,189
New Y	W 16th St Suite 4G York, NY 10011												
	waterhouseCoopers LLP								Audit Servic	ces			132,346
Tamp	Decorated Blvd pa, FL 33607												
a -	Total number of independent contractor	ars (including but	t not lin	nited	to th	nose	listed د	abo	ve) who received m	nore than \$100.01	00 of	<i>i</i>	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 6

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s s	1a Federated campaign	ns 1	а								
ant	b Membership dues	1	ь								
50 E	c Fundraising events	1	c								
ffs, r A	d Related organizatio	ns 1	d								
<u>E</u>	e Government grants (co	ontributions) 1	e	6,304,960							
Contributions, Giffs, Grants and Other Similar Amounts	f All other contributions, and similar amounts no above	ot included	f	424,457							
ntribu d Otho	g Noncash contribution in lines 1a - 1f \$	ons included	_								
S F	h Total. Add lines 1a	-1f		. •	ϵ	,729,417					
	_			Business	Code						
	2a Network Services				900099	42,6	47,017	42,647,	017		
2	b Membership Services			_	900099	12,5	98,744	12,598,	744		
υ OZ	C Trust & Identity			_		7,0	95,617	7,095,	617		
<u>۲</u>	d Internet2 Net+ service			+	900099	5,9	60,637	5,960,	637		
₹	e Special Fund Projects			_	900099	1,3	26,049	1,326,	049		
, an	e opecial ruliu riojects				900099						
Program Service Revenue	f All other program se		_	72,2	48,466	2,6	20,402	2,620,	402		
	gTotal. Add lines 2a-2		F		1		1	Т			
	3 Investment income (in similar amounts) .		is, interest	., and other •		306,602	2			30	6,602
	4 Income from investment of tax-exempt bond pro-			ceeds							
	5 Royalties	<u> </u>		. •	<u> </u>						
		(ı) Real	(11)	Personal	1						
	6a Gross rents	490,	141								
	b Less rental expenses		0		1						
		100			1						
	c Rental income or (loss)	490,	141								
	d Net rental income o	r (loss)		• •	1	490,141	ι			49	0,14
		(ı) Securities	(1	ı) Other							
	7a Gross amount from sales of assets other than inventory			51,103							
	b Less cost or other basis and sales expenses			6,632	_						
	C Gain or (loss)			44,471	1						
	$oldsymbol{d}$ Net gain or (loss) .		•	>	<u> </u>	44,471	L			4	14,47
ne	8a Gross income from for (not including \$	of	5								
₹	contributions reporte See Part IV, line 18		a								
Se	b Less direct expense	s	ь		1						
- e	${f c}$ Net income or (loss)	from fundraising	events .	· •	•						
Other Revenue	9a Gross income from g See Part IV, line 19		a								
	b Less direct expense	s	ь		1						
	c Net income or (loss)			· •	J						
	10aGross sales of invent returns and allowand	ory, less									
	bless cost of goods a	old	a b		-						
	b Less cost of goods s]						
}	Net income or (loss) Miscellaneous			ness Code							
ŀ	11a		+ 223		1						

Forr	n 990 (2018)				Page 10
	Statement of Functional Expenses				
Sect	cion 501(c)(3) and 501(c)(4) organizations must complete all co Check if Schedule O contains a response or note to any	_	·	, ,	🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraisingexpenses
-	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		expenses	general expenses	- '
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				_
5	Compensation of current officers, directors, trustees, and key employees	2,609,946	996,857	1,613,089	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	687,917	687,917		
7	Other salaries and wages	11,540,383	10,033,247	1,507,136	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,139,886	992,472	147,414	
9	Other employee benefits	1,570,820	1,322,734	248,086	
10	Payroll taxes	949,165	751,655	197,510	
11	Fees for services (non-employees)				
ā	ı Management				
Ł	Legal [418,780		418,780	
ď	: Accounting	216,087		216,087	
ď	ILobbying [2,033	2,033		
6	Professional fundraising services See Part IV, line 17				
f	Investment management fees	9,789		9,789	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,552,689	2,475,113	77,576	
12	Advertising and promotion	25,495	25,137	358	
	Office expenses	259,756	214,946	44,810	
14	Information technology	1,160,186	907,379	252,807	
	Royalties				
	Occupancy	1,781,625	1,584,648	196,977	
	Travel	1,307,192	1,124,551	182,641	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	1,356,724	1,336,815	19,909	
	Interest	531,087	139	530,948	
	Payments to affiliates				
	Depreciation, depletion, and amortization	13,571,733	13,438,071	133,662	
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	399,405	284,587	114,818	
	Network Operations	28,770,130	28,745,182	24,948	
	b Bad Debt	413,236	413,236		
	c Dues	129,253	121,825	7,428	
	d				
	e All other expenses	591,751	557,471	34,280	
25	Total functional expenses. Add lines 1 through 24e	71,995,068	66,016,015	5,979,053	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here In following SOR 98-2 (ASC 958-720)				

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form **990** (2018)

Form 990 (2018)

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Net Assets or Fund Ba

	art A	Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
		·			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments .		[29,525,504	2	15,125,795
	3	Pledges and grants receivable, net		, [6,106	3	22,018
	4	Accounts receivable, net	ints receivable, net				11,646,522
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L	ated er	mployees Complete		5	
ts	6 7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 ations ((see in	B(c)(3)(B), and of section 501(c)(9) instructions) Complete		6	
ssets	_	•					
As	8	Inventories for sale or use	,	6.493.078	8 9	5,772,131	
	9	Prepaid expenses and deferred charges		', ' ' -	6,493,076	9	5,772,131
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	138,239,483			
	b	Less accumulated depreciation	10 b	94,665,978	70,466,083	10c	43,573,505
	11	Investments—publicly traded securities .				11	18,827,410
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets		[14	
	15	Other assets See Part IV, line 11		[278,568	15	210,221
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	119,591,024	16	95,177,602
	17	Accounts payable and accrued expenses			16,540,399	17	13,760,422
	18	Grants payable				18	
	19	Deferred revenue			79,119,681	19	53,265,779
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
abilities	22	Loans and other payables to current and former key employees, highest compensated employee					
픑		persons Complete Part II of Schedule L				22	

		and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D			
	26	Total liabilities. Add lines 17 through 25	110,444,770	26	78,184,941
lances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	9,146,254	27	16,992,661

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Unsecured notes and loans payable to unrelated third parties

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds . .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,117,650

13,667,040

23

24

25

28

29

30

31

32

33

34

9,146,254

119,591,024

1,244

11,157,496

16,992,661

95,177,602

Form **990** (2018)

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

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

No

Form 990 (2018)

3b

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID:

Software Version:

EIN: 52-2060187

Name: University Corporation for Advanced Internet Development

Form 990 (2018)

Form 990, Part III, Line 4a: Network Services is an advanced backbone network that connects regional network aggregation points to support the work of Internet2 Universities as they develop advanced internet applications. The Internet2 network is the nation's research and education network and provides state-of-the-art services that researchers use to accelerate the rate of their scientific work and discovery and to collaborate with colleagues and use digital assets and tools worldwide

Form 990, Part III, Line 4b: Membership Services is responsible for creating, sustaining and expanding membership and participation in Internet2 and building excitement around Internet2 programs

enable community members to realize their potential through Internet2

and services for the global community. Membership Services engages directly with the Internet2 community in meaningful ways that cultivate strong relationships and

Internet2 provides the community-built and community-driven trust and identity infrastructure that supports faculty and staff, researchers and scholars, and access to services across the U.S. and globally. The identity and access management model provides the policy and technical backbone for secure interactions, and allows single sign-on convenience for individuals. The Trust and Identity in Education and Research (TIER) program is a community-driven consistent approach to identity and access.

management TIER aims to simplify campus processes and advance inter-institutional collaboration and research

Form 990, Part III, Line 4c:

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

others, the total e	expenses, and revenue, if ar	ny, for each program service reported.		
(Code) (Expenses \$	2.858.044 including grants of \$) (Revenue \$	5,960,637)

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Internet2 Net + Services

(Code (Expenses \$ including grants of \$) (Revenue \$ 1,326,049) 1,269,161

Special Fund Projects

ı	Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

section solic)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and anocations to
others, the total expenses, and revenue, if any, for each program service reported.
strong, the total expenses, and revenue, it any, for each program service reported.

```
(Code ) (Expenses $ 444,760 including grants of $ ) (Revenue $ 2,620,402 )
```

Other Program Services

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other from the week (list person is both an officer from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours					ustee		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Patrick D Gallagher Board Chair	0 50	х						0	0	0
Barbara R Snyder Vice Chair	0 50	×						0	0	0
Rebecca M Blank Trustee	0 50	х						0	0	0

		X	I	l	1 1		1 0	
Vice Chair								
Rebecca M Blank	0 50	X					0	
Trustee		,,					J	
Duncan Brown	0 50	×					0	
Trustee								
William H Carcon	0 50							

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0 50

0 50

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and Independent Contractors

William H Carson

John D Evans

F Alex Feltus

Steve Fleagle

Trustee

Louis Fox

Kent Fuchs

Trustee

...... Trustee

Trustee (as of 11/2018)

Trustee (thru 10/2018)

Trustee (as of 11/2018)

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Trustee

Marla Meehl

Pankaj Shah

Satish Tripathi

Howard Pfeffer

President & CEO

Trustee

Steven W Relyea

Trustee (as of 11/2018)

Trustee (thru 10/2018)

Trustee (thru 10/2018)

......

	any hours	and	a dır	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
Tracy Futhey Trustee	0 50	×						0	0	0
David Gray Trustee		×						0	0	0
Jeff Hollingsworth Trustee (as of 11/2018)	0 50	х						0	0	0

0

0

61,393

Jeff Hollingsworth	0 50	l			n	
Trustee (as of 11/2018)		_ ^				
Klara Jelınkova	0 50				0	
Trustee		_ ^			0	
Pradeep Khosla	0 50					
	•••••	X			0	

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636,624

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation

and a director/trustee)

organization

224,211

298,338

228,644

226,559

223,040

organizations

from the

35,338

30,464

33,152

45,952

44,020

0

0

0

any hours

40 00

40 00

40 00

40 00

40 00

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

· '		1						/11/ 3/4000	/14/ 2/4000	1 1
	for related organizations below dotted line)		Institutional Trustee		key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
John Morabito Vice President & Secretary	40 00			x				270,165	0	60,249
James Pflasterer Chief Financial Officer & Treasurer	40 00			х				271,583	0	53,526
Kevin Morooney Vice President	40 00				x			333,105	0	32,666
Ana Hunsinger Vice President	40 00				×			260,403	0	59,371
Robert Vietzke	40 00				×			260,738	0	50,575

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Ana Hunsinger
Vice President
Robert Vietzke
Vice President

Kevin Murphy

David Gift

John Moore

George Loftus

Steven Zoppi

Chief Admin & Systems Officer

Associate Vice President

Associate Vice President

Associate Vice President

Associate Vice President

and Independent Contractors

and Independent Contractors (A) Name and Title

Director of Business Development

Daniel Taylor

Shelton Waggener

Florence Hudson

Former Key Employee

Former Kev Employee

hours per week (list any hours for related organizations below dotted line)
40 00
0 00
0 00

................

(B)

Average

person is and a dire Individual

ers	on is	both	n an	nless office ustee
Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee
				х

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

Position (do not check more

		>)
ଟିଡ଼ି Highest compensated ଚିଷ୍ଟ୍ର employee	×		

compensation from the organization (W-2/1099-MISC) 206,683 340,605 303,649

(D)

Reportable

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

51,015

21,832

21,832

SCHEDU Form 990 o 90EZ)		Comp	olete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 00-EZ.	a section	2018
epartment of the sternal Revenue S	PETTOP		► Go to	www.irs.gov/Forms	990 for the late	est information		Open to Public Inspection
lame of the online of the onli	ation for Adv						Employer identific	ation number
		r Public C	harity Stat	us (All organization	s must comple	te this part.) S	52-2060187 See instructions.	
				e it is (For lines 1 thro				
1	church, cor	vention of c	hurches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	school desc	rıbed ın sec	tion 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3 🗆 A	hospital or	a cooperativ	e hospital ser	vice organization desci	nbed in section	170(b)(1)(A)(iii).	
	medical res ame, city, a		ızatıon operat	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
	-	on operated (). (Complet		t of a college or univer	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170
			•	governmental unit de	scribed in secti e	on 170(b)(1)(A	ı)(v).	
			nally receives vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	nıt or from the gener	al public described ii
3	community	trust descri	oed in sectio	170(b)(1)(A)(vi)	(Complete Part I	I)		
				escribed in 170(b)(1) ee instructions Enter				ege or university or
fr in	om activitie vestment ir	s related to come and u	ts exempt fur nrelated busir	(1) more than 331/3% actions—subject to certiess taxable income (learning)	tain exceptions,	and (2) no more	than 331/3% of its si	ipport from gross
	•			d exclusively to test for	r public safety S	ee section 509	(a)(4).	
□ m	ore publicly	supported o	organizations (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
Ty	ype I. A su ganization(oporting organs) the power	anızatıon oper	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
m	anagement	of the supp		ervised or controlled in ation vested in the sand C.				
				supporting organization ions) You must com				ited with, its
l Ty	ype III noi nctionally ii	n-functiona ntegrated Ti	Ily integrate ne organizatio	d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orgai	
: 🗆 CI	neck this bo	x if the orga	nızatıon recei	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally
f Enter th	e number o	f supported	organizations	integrated supporting	-			
	the followin		n about the su	ipported organization((iii) Type of	1	anization lists d	(v) Amount of	(vi) Amount -6
	ganization	ted	(11) =110	organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		monetary support (see instructions)	rt other support (se
					Yes	No		
		1						
tal								+
	de Dodustie	n Act Notic	e see the I	nstructions for	Cat No 1128!	5F \$	Schedule A (Form 9	90 or 990-F7) 201

	Page	2
d	170	

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (a) 2014 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (a)2014 **(b)**2015 (c)2016 (d)2017 (e)2018 (f)Total (or fiscal year beginning in) ▶ 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or

loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage for 2017 Schedule A, Part II, line 14 16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more,

_	hack

С	heck	this	b

Schedule A (Form 990 or 990-EZ) 2018

$_{ m id}$ 33 1/3% $_{ m support}$ $_{ m test}$ $ 2018$. If the organization did not check the box on line 13 , and line 14 is 33 $1/3\%$ or in	nore, check this box
and stop here. The organization qualifies as a publicly supported organization	▶ □
b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3'	% or more, check this

check this box	
▶ □	
more, check this	
. □	

13	· · · · · · · · · · · · · · · · · · ·	13
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n	nore, check this box
	and stop here. The organization qualifies as a publicly supported organization	▶ □
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/36	% or more, check this
	box and stop here. The organization qualifies as a publicly supported organization	▶ 🗆
17a	10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, a	nd line 14
	is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here	:. Explain
	in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	y supported

i ne	▶□	
	▶□	

instructions

P	Part III Support Schedule for Organizations Described in Section 509(a)(2)							
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)							
	ection A. Public Support	o quality under	the tests listed i	below, please co	impiete Part II.)			
	Calendar year	(-) 2014	(1-) 2015	(-) 2016	(4) 2047	(-) 201		(6) T-1-1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8	(f) Total
1	Gifts, grants, contributions, and	22 222 225	10 534 556	19,689,052	7,220,886	6 7	00 417	75,507,146
	membership fees received (Do not include any "unusual grants")	22,333,235	19,534,556	19,009,032	7,220,866	0,72	29,417	73,307,146
2	Gross receipts from admissions,							
	merchandise sold or services	46 502 075	E0 630 444	55.046.745	74 066 552	72.2	10.466	202 504 200
	performed, or facilities furnished in any activity that is related to the	46,593,075	58,639,441	55,046,745	71,066,553	12,24	8,466	303,594,280
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or business under section 513							
4	Tax revenues levied for the							
•	organization's benefit and either							
	paid to or expended on its behalf							
5	The value of services or facilities							
-	furnished by a governmental unit to							
_	the organization without charge	50.005.040	70 / 70 007	74 705 707	70.007.400			070 101 105
6 7-	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and	68,926,310	78,173,997	74,735,797	78,287,439	78,9	77,883	379,101,426
/ a	3 received from disqualified persons							0
b	Amounts included on lines 2 and 3							
	received from other than disqualified persons that exceed the							0
	greater of \$5,000 or 1% of the							U
	amount on line 13 for the year							
	Add lines 7a and 7b							0
8	Public support. (Subtract line 7c from line 6)							379,101,426
Se	ection B. Total Support	L	I	L	L			
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	。 T	(f) Total
	(or fiscal year beginning in) ▶	, ,						
9	Amounts from line 6	68,926,310	78,173,997	74,735,797	78,287,439	78,97	77,883	379,101,426
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	38,055	53,028	64,911	58,408	79	6,743	1,011,145
	and income from similar sources							
ь	Unrelated business taxable income							
_	(less section 511 taxes) from							
	businesses acquired after June 30,							
С	1975 Add lines 10a and 10b	38,055	53,028	64,911	58,408	79	6,743	1,011,145
11	Net income from unrelated	,	,		,		-,	_,,-
	business activities not included in							
	line 10b, whether or not the business is regularly carried on							
12								
	or loss from the sale of capital	70,705	687,152	918,809	385,736		533	2,062,935
	assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)	69,035,070	78,914,177	75,719,517	78,731,583	79,77	'5,159	382,175,506
14	First five years. If the Form 990 is f	or the organization	n's first, second, th	urd, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and stop here							▶□
Se	ection C. Computation of Public							
15						15		99 200 %
16	Public support percentage from 2017	Schedule A, Part I	II, line 15			16		99 260 %
Se	ection D. Computation of Inves							
17	Investment income percentage for 20			line 13, column (f))	17		0 260 %
18	Investment income percentage from					18		0 070 %
19a	331/3% support tests—2018. If the						ind line	17 is not ▶ ✓

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

ightharpoons

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

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 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 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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За 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 organization made the determination 3b

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 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 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 despite being controlled or 4b supervised by or in connection with its supported organizations 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 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 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 5a amendment to the organizing document)

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

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

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

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.

9с

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

Pa	rt IV Supporting Organizations (continued)			
	cupper unity or gamma units (community)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		\vdash	
u	governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	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		
	ection B. Type I Supporting Organizations	110		
	ection b. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	\sqcup	
2				
	organization			
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	,, , , , , , , , , , , , , , , , , , , ,			<u> </u>
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	j		
	, F		\vdash	
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		1		
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	-		
	b			
	c	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		\vdash	
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	26		

m -	
/I) See	
ıgh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

Current Year

Schedule A (Form 990 or 990-F7) 2018

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
~		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E				
	Section A - Adjusted Net Income		(A) Prior Year	(B) C (o	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			

4 5

Add lines 1 through 3

Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

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 **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2 3 4

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

a Applied to underdistributions of prior years

b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract

lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines

31 and 4c 8 Breakdown of line 7 a Excess from 2014.

Schedule A (Form 990 or 990-EZ) (2018)

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ	2018 Page 8	
Part VI	Section A, lines 1, 2 Part IV, Section D, l	ormation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, , 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, ines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V , and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See	
<u></u>			
990 Sched	dule A, Suppleme	ntal Information	
Ret	urn Reference	Explanation	
	, Part III, Line 12, of Other Income	Miscellaneous Income	

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493232001419

Open to Public

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

f the	Section 527 organizations Complet e organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that e organization answered "Yes" or xy Tax) (see separate instruction	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax s), then	90-EZ, Part VI, Iin ection 501(h)) Co nder section 501(h)	e 47 (Lobbying Activitie mplete Part II-A Do not co)) Complete Part II-B Do	omplete Part II-B not complete Part II-A
Nar Univ	me of the organization versity Corporation for Advanced verset Development	zations Complete Fart III			ntification number
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is		zation.
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political can	npaign activities in	Part IV (see instructions	for definition of
2	Political campaign activity expend	litures (see instructions)		•	\$
3	Volunteer hours for political camp	aign activities (see instructions)			
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	ax incurred by the organization under se	ection 4955	•	\$
2	Enter the amount of any excise ta	ax incurred by organization managers ui	nder section 4955	>	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	:hıs year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
					•
1	·		•		\$
2	Enter the amount of the filing org function activities	anization's funds contributed to other o	rganizations for se	ction 527 exempt ▶	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	each organization listed, enter the amount that were promptly and directly delivered	ount paid from the ed to a separate p	filing organization's funds olitical organization, such	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
1					
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, see	Employer identification number Sez-2060187 Sez-20601			

Grassroots ceiling amount

Return Reference

Part II-B, Line 1

or (each "Yes" response on lines 1a through 1ı below, provide in Part IV a detailed description of the lobbying	(a))((b)	
roi e activi		Yes	No	Amoun	at
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
С	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		_
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			2,03
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?		No		
j	Total Add lines 1c through 1i				2,03
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1 1			
d	···· · · · · · · · · · · · · · · · ·				_
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), or	section		
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	+-+	
3	Did the organization make only in-ribuse lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	+-+	
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)		r section		(6)
_	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	: III-A,	line 3, is	;	
1	Dues, assessments and similar amounts from members	1			_
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
С	Total	2c			_
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			_
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			-
5	Taxable amount of lobbying and political expenditures (see instructions)	5			_
P	art IV Supplemental Information		-		_
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), structions), and Part II-B, line 1. Also, complete this part for any additional information	, Part II-/	A, lines 1 ar	nd 2 (see	<u>;</u>
<u> </u>	, and the second				_

Meetings with federal officials, legislators, and staff

Explanation

SCHEDULE D

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

Supplemental Financial Statements

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

OMB No 1545-0047

DLN: 93493232001419

Open to Public

Department of the Treasury

(Form 990)

ern	ial Revenue Service	► Go to <u>www.irs.q</u>	ov/Form990 for the latest information.	Inspection
				Employer identification number
	Employer identification number sings (composite of Avaneae S2-2060187			
		zations Maintaining Donor Advi	sed Funds or Other Similar Funds o	I
	Comple	te if the organization answered "Ye	s" on Form 990, Part IV, line 6.	Accounts
	•	•		(b)Funds and other accounts
	Total number at	end of year		
	Aggregate value	of contributions to (during year)		
1	Aggregate value	of grants from (during year)		
	Aggregate value	at end of year		
	charitable purpo	ses and not for the benefit of the donor		onferring impermissible
Pa	rt III Conser	vation Easements. Complete if th	ie organization answered "Yes" on Form	າ 990, Part IV, line 7.
	Purpose(s) of co	onservation easements held by the organ	nization (check all that apply)	
	☐ Preservation	on of land for public use (e g , recreation	or education)	historically important land area
	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register		ertified historic structure	
				oranica mistorio sa actare
!	Complete lines 2	2a through 2d if the organization held a	qualified conservation contribution in the for	
_		· ·	I	_
a L			-	
b	_	,	c attrictive included in (a)	
С.			` ′	
d			red after 7/25/06, and not on a historic	2a
l		ervation easements modified, transferre	d, released, extinguished, or terminated by t	he organization during the
	Number of state	es where property subject to conservatio	n easement is located >	
;	Does the organi	zation have a written policy regarding th	ne periodic monitoring, inspection, handling o	of violations,
	and enforcemen	t of the conservation easements it holds	57	☐ Yes ☐ No
i	Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation easements during the year
1		nses incurred in monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
,			above satisfy the requirements of section 17	
ı	balance sheet, a	and include, if applicable, the text of the	footnote to the organization's financial state	
aı	t IIII Organi	zations Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar Assets.
a	If the organizati art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for	6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in fo	
b	historical treasu	res, or other similar assets held for publ		
(_	-		▶ \$
C	ii)Assets included	ın Form 990, Part X		
	If the organizati	on received or held works of art, historic		· · · · · · · · · · · · · · · · · · ·
а	_	ed on Form 990, Part VIII, line 1		▶ \$
b		in Form 990, Part X		▶ \$
		•		· · · · · · · · · · · · · · · · · · ·

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Col	lections of	Art, H	istori	cal T	eas	ures, or	Other	Similar A	Assets	(continued)
3		the organization's acq (check all that apply)	uisition, accessior	n, and other r	ecords, o	check a	any of	the fo	ollowing t	hat are a	sıgnıfıcant	use of it	s collection
a		Public exhibition				d		Loar	or excha	ange prog	ırams		
b		Scholarly research				е		Othe	er				
С		Preservation for future	e generations										
4	Provid Part >	de a description of the e KIII	organızatıon's col	lections and e	explain h	ow the	y furtl	ner th	e organız	ation's e	xempt purp	ose in	
5		g the year, dıd the orga s to be sold to raise fur									nılar	□ Y	es 🗌 No
Pa	rt IV	Escrow and Cust Complete if the org X, line 21.			on Forn	n 990	, Part	IV, I	ine 9, or	reporte	ed an amo	ount on	Form 990, Part
1a		e organization an agent led on Form 990, Part)		an or other in	ntermedia	ary for	contri	oution	ns or othe	er assets	not	□ Y	es 🗆 No
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete	e the foll	lowing	table		[Amount	<u> </u>
С		ining balance				_			İ	1c			
d	Addıtı	ions during the year							l	1d			
е	Dıstrı	butions during the year	-						İ	1e			
f	Endın	g balance							İ	1f			
2a	Dıd th	e organization include	an amount on Fo	rm 990, Part	X, line 2	1, for	escrow	or cu	ustodial a	ccount lia	ability?	. 🗆 Y	es 🗆 No
b		s," explain the arrange											
	rt V	Endowment Fund											_
			· ·	(a)Current			rior yea			ears back			(e)Four years back
1a	Beginn	ing of year balance .											
b	Contrib	outions											
С	Net inv	estment earnings, gair	ns, and losses										
d	Grants	or scholarships											
e		expenditures for facilitie	es										
f	Admini	strative expenses .											
		year balance											
2	Provid	de the estimated percei		ent year end b	balance ((line 1g	g, colu	mn (a)) held a	S	l		<u> </u>
а		d designated or quasi-e	ndowment 🟲										
b	Perm	anent endowment 🟲											
c		orarily restricted endov											
3a	Are th	ercentages on lines 2a, nere endowment funds	•			on that	are h	eld ar	nd admını	stered fo	r the		V N.
	_	nization by hrelated organizations										Га	Yes No Ba(i)
	• •	elated organizations .											a(ii)
b		s" on 3a(II), are the rel		s listed as re	quired or	 n Sche	dule R	· .	· · ·			.	3b
4	Descr	ribe in Part XIII the inte	ended uses of the	organization'	's endow	ment f	unds					_	<u> </u>
Pa	rt VI	Land, Buildings,											
		Complete of the ord			on Forn (b) Cost of							<u>art X, lı</u>	ne 10. (d) Book value
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost o	or otner	Dasis (otner)	(c) Acci	umulated (depreciation		(d) Book Value
1a	Land												
b	Buildin	gs											
С	Leaseh	old improvements					87	1,706			547,640		324,066
d	Equipm	nent					137,36	57,777			94,118,338		43,249,439
Tota	al. Add	lines 1a through 1e (Co	olumn (d) must e	qual Form 99	0, Part X	, colur	nn (B)	. line	10(c)) .		>		43,573,505
											Sc	hedule I	D (Form 990) 2018

	Form 990) 2018				Pa
art VII	Investments—Other Securities. Complete See Form 990, Part X, line 12. (a) Description of security or category	e if the organizat	(b)		, Part IV, line 11b. of valuation
	(including name of security)		Book value		ear market value
Financial	derivatives		value		
Closely-l Other	neld equity interests				
al. (Columr	n (b) must equal Form 990, Part X, col (B) line 12)	•			
t VIII	Investments—Program Related. Complete if the organization answered 'Yes'	on Form 990 P	art IV lu	ne 11c. See Form 990. P	art X line 13
	(a) Description of investment		ook value	(c) Method	of valuation
				Cost or end-of-y	vear market value
	n (b) must equal Form 990, Part X, col (B) line 13)	•			
art IX	Other Assets. Complete if the organization answ (a) Descr		m 990, Pa	rt IV, line 11d See Form 99	(b) Book value
	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organizat		es' on Fo		▶ e or 11f.
	See Form 990, Part X, line 25. (a) Description of liability			ook value	
Federal ır	ncome taxes		(0) 50	JOK Value	
erred Lea	se Expense			880,306	
tract Adv				208,295	
of Credit	e Obligation t			25,303 10,000,000	
rest Rate				43,592	
	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		11,157,496	
	r uncertain tax positions In Part XIII, provide the t		to the or		ents that reports the

Schedule D (Form 990) 2018

Pai		e venue per Audited Financial Stater lization answered 'Yes' on Form 990, Pa		-	Return	
1		support per audited financial statements .			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	investments	2a			
b	Donated services and use of facili	nties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not include	ed on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII) .		4b			
С	Add lines 4a and 4b		. —		4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12	2).		5	
Par	Reconciliation of Ex	penses per Audited Financial State	ments	With Expenses pe	r Return.	
1		uzation answered 'Yes' on Form 990, Pa			1	
2	Amounts included on line 1 but no				1	
		, ,	ا ء۔	I		
a L	Donated services and use of facili		2a 2b		_	
b	Prior year adjustments		F			
С.	Other losses		2c		_	
d	Other (Describe in Part XIII) .		2d		\dashv , \mid	
e	Add lines 2a through 2d				2e	
3					3	
4	·	Part IX, line 25, but not on line 1:	1.	I		
a	•	ed on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIII)		4b			
С					4c	
5		4c. (This must equal Form 990, Part I, line 1	18) .		5	
	t XIII Supplemental Info					
		Part II, lines 3, 5, and 9, Part III, lines 1a an s 2d and 4b Also complete this part to provi			art V, line 4, Pa	art X, line 2, Part
	Return Reference		Ex	planation		
See A	Addıtıonal Data Table					
		+				

Page **4**

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 52-2060187

Name: University Corporation for Advanced Internet Development

Suppl	lemental	Information

Return Reference

Part X, Line 2

Management has reviewed their income tax positions under the guidance included in ASC 740
Based upon this review, management has not identified uncertain tax positions that would
require disclosure in financial statements prepared in accordance with generally accepted
accounting principles

efile GRAPHIC print - DO NOT PROCESS						DLN: 9	93493232001419
SCHEDULE F (Form 990) Statement of Activities Outside the L				Outside the Uni	ted States	;	OMB No 1545-0047
(1 0/111 330)	► Compl	lete if the organ		res" to Form 990, Part IV, I to Form 990.	ine 14b, 15, or 16.		2018
Department of the Treasury Internal Revenue Service	•	Go to www.irs	agov/Form990 for II	nstructions and the latest ii	nformation.		Open to Public Inspection
Name of the organization University Corporation for Internet Development					Emplo 52-206	•	fication number
	nformation Part IV, line		s Outside the U	Inited States. Comple	te if the organiz	zation ans	swered "Yes" to
	the grantees'	eligibility for t		substantiate the amount stance, and the selection		d	☐ Yes ☐ No
2 For grantmakers outside the United		Part V the org	ganızatıon's proce	dures for monitoring the	use of its grants	and othe	er assistance
3 Activites per Region	n (The followir	ng Part I, line 3	table can be dupli	cated if additional space is	needed)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed program service, of specific type service(s) in re	describe of	(f) Total expenditures for and investments in region
See Add'l Data				regiony			
3a Sub-total b Total from continuat	on sheets to		0 16				723,714 0
Part I c Totals (add lines 3a	and 3b)		0 16				723,714
For Paperwork Reduction	Act Notice see	e the Instruction	uns for Form 990	Cat	No 50082W	Schedule	F (Form 990) 2018

Schedule F (Form 990) 2018							Page 3
Part IIII Grants and Oth	her Assistance to	Individuals	Outside the Unite	ed States. Complete if	f the organization an	nswered "Yes" to Form 9	90, Part IV, line 16.
Part III can be c	duplicated if addition	<u>onal space is n</u>	ieeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
				,			
				!			

Schedule F (Form 990) 2018

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Instructions for Form 6005)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713, don't file with Form 990)	☐ Yes	✓ No

scneaule Fi	(Form 990) 2018	Page
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method expenditures per region); Part II, line 1 (accounting method); Part III (accounting mn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation

Schedule F (Form 990) 2018

Additional Data

(a) Bearen

Europe

Software ID: Software Version:

FIN- F2 20/

EIN: 52-2060187

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures

Name: University Corporation for Advanced Internet Development

Consulting Services,

Expense Reimbursement, Network Services 347,259

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	offices in the region	employees or agents in region	in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
East Asia and the Pacific	0	7		Consulting Services, Expense Reimbursement, Network Services	370,472

7 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (d) Activities conducted (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region region recipients located in the region) North America 5.983 2 | Program Services Expense Reimbursement. Network Services

efil	e GRAPHIC p	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19323	32001	419
Sch	nedule J	Co	mpensati	ion Information	00	1B No	1545-0	0047
(Fori	m 990)	► Complete if the org	Compensa anization answ ► Attach	rustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV ato Form 990.	Part IV, line 23. 2018			
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	<i>v/Form990</i> for	instructions and the latest infor	mation.		to Pul ectio	
Nar	me of the organiz				Employer identificat			
	versity Corporation f Irnet Development	or Advanced			52-2060187			
Pa	rt I Questi	ons Regarding Compensa	tion		102 2000207			
	-						Yes	No
1a				f the following to or for a person liste y relevant information regarding the				
	First-clase	s or charter travel		Housing allowance or residence for	personal use			
	_	for companions \square Payments for business use of personal residence						
		nification and gross-up payment:	s 📙	Health or social club dues or initiati				
	□ Discretion	nary spending account	Ц	Personal services (e g , maid, chau	ffeur, chef)			
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b		
2				or allowing expenses incurred by all r, regarding the items checked in line	- 1-2	2		
	directors, truste	ees, officers, including the CEO/E	xecutive Director	r, regarding the items checked in line	e la?			
3	organization's C	CEO/Executive Director Check al	l that apply Dor	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	✓ Compens	ation committee		Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
	☑ Form 990	of other organizations	\checkmark	Approval by the board or compensa	ation committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	trol payment?			4a	Yes	
b		r receive payment from, a suppl		ified retirement plan?		4b		No
C	Participate in, o	r receive payment from, an equi	ty-based comper	nsation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and	d provide the app	plicable amounts for each item in Par	t III			
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9				
5	For persons list		n A, line 1a, did	the organization pay or accrue any				
а	The organizatio					5a	Yes	
b	Any related org					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Sectio contingent on the net earnings of		the organization pay or accrue any				
а	The organizatio	n?				6 a		No
b	Any related org					6b		No
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Sectio escribed in lines 5 and 6? If "Yes		the organization provide any nonfixe rt III	d	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		
For I	Panerwork Redi	uction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	1 990)	2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. the individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

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 nstructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual							
(A) Name and Title	(B) Break	kdown of W-2 and/o compensation	or 1099-MISC	(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2018	Page 3 Page 3					
art III Supplemental Information						
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference	Explanation					

Part I, Line 4a

|Severance payments were made to Shelton Waggener and Florence Hudson during 2018 which are correctly reported on Sch J, Part II, Col (B)(III)

Return Reference	Explanation
·	Oan Taylor received a bonus of \$57,412 based on the predetermined variable compensation plan for the amount of additional revenue generated for the organization

Return Reference	Explanation
ine 7	Bonuses awarded during 2018 were determined under the discretion of the CEO and are correctly reported on Sch J, Part II, Col (B)(ii)

2018 Schedule 1

(A) Name and Title

Software ID:

Software Version:

(B) Breakdown of W-2 and/or 1099-MISC compensation

255,928

217,126

248,456

225,423

224,437

220,999

147,224

EIN: 52-2060187

Name: University Corporation for Advanced Internet Development

Form 990,	, Schedule J	, Part II ·	· Officers,	Directors,	Trustees,	кеу	Emplo	yees,	, and H	lighest (Compensa	ated Em	ployee	2 S
									1					

4,000

4,000

45,500

57,412

(71) Haine and He		(2) 5. ca	0 = aa, 0. =000 1.120	o compensation	(C) Moth difficille diffe	(D) Hollianable	(=)	(.) compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
Howard Pfeffer President & CEO	(1)	549,302	85,000	2,322	27,500	33,893	698,017	0
	(11)	0	0	0	0	0	0	0
John Morabito Vice President & Secretary	(1)	266,423	2,500	1,242	27,500	32,749	330,414	0
	(11)	0	0	0	0	0	0	0
James Pflasterer Chief Financial Officer &	(1)	264,019	4,000	3,564	27,470	26,056	325,109	0
Treasurer	(11)	0	0	0	0	0	0	0
Kevin Morooney Vice President	(1)	320,783	10,000	2,322	27,250	5,416	365,771	0
	(11)	0	0	0	0	0	0	0
Ana Hunsinger Vice President	(1)	254,593	5,000	810	26,767	32,604	319,774	0
	(11)	0	l o	l o	0	l o	l	

810

3,085

4,382

3,221

2,122

2,041

2,047

340,605

303,649

(C) Retirement and other deferred

22,590

22,453

27,500

20,228

19,985

22,347

21,228

0

(E) Total of columns

311,313

259,549

328,802

261,796

272,511

267,060

257,698

362,437

325,481

(F) Compensation in

0

0

0

0

0

0

0

0

(D) Nontaxable

27,985

12,885

2,964

12,924

25,967

21,673

29,787

21,832

21,832

Ana Hunsinger Vice President
Robert Vietzke Vice President
Kevin Murphy Chief Admin & Systems

Associate Vice President

Associate Vice President

Associate Vice President

Associate Vice President

David Gift

John Moore

George Loftus

Steven Zoppi

Daniel Taylor

Director of Business Development Shelton Waggener

Former Key Employee

Former Key Employee

Florence Hudson

(1)

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efile GRAPH	IIC print -	DO NOT PROCESS As Filed Data -		DLN:	93493232001419
SCHEDUL (Form 990 or EZ)	r 990-	Supplemental Information to Form S Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990	ecific questions o l information.		OMB No 1545-0047 2018 Open to Public Inspection
Name Betherofy University Corpora Internet Developm 990 Schedul	ation for Advar nent	olemental Information	_	loyer identi 060187	fication number
Return Reference		Explanation			
Form 990, Part VI, Section A, line 6	The Corpo	oration has four classes of voting membership University, Network,	Affiliate and Indus	try	

Return Explanation
Reference

Form 990,	Each voting member in good standing is entitled to one vote for the election of trustees and committees of the board of trustees
Part VI,	
Section A,	
line 7a	

Return Explanation

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section A,
line 7b
In addition to providing the voting members the right to vote for the election of trustees
of the Corporation's Board, the bylaws also require voting member approval for any amendm
ent to the bylaws that (a) provides that some of the voting members have different rights
from other voting members, (b) relates to the termination or suspension of voting members
' rights, (c) requires cause or changes the definition of cause with respect to the remova

I of a trustee elected by the voting members, (d) relates to the levying of dues or assess ments on the voting members, or (e) relates to the dissolution of the Corporation

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Inne 11b

Return Explanation Reference

Form 990. All staff are trained and indoctrinated upon joining the organization. All board members m ust agree to and sign a conflict of interest statement when installed in their positions

Part VI. Section B. The individuals covered by the conflict of interest policy are required to disclose any po line 12c tential conflicts annually

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The process for determining compensation of the organization's CEO, Officers and some key employees is led by the Board's Compensation Committee, the members of the Board involved on this committee are all outside members. The HR department periodically conducts a salar y benchmarking study for each position based on duties, industry, and area of the country and provides the findings to the Board Compensation Committee Chair. The CEO and other top executives have established goals for each year. A formal review of those goals is conducted annually, by the Board for the CEO and by the CEO for the other executives. This part of the process identifies another factor for determining appropriate pay changes, in addit ion to the salary benchmarking data. The Compensation Committee makes compensation decisions for the CEO and reports the details to the Corporate Secretary and/or the HR department. The CEO provides recommended compensation for the other executives, which must be approved by the Compensation Committee. The committee provides their response to the CEO, who the informs the HR department. These written approvals are obtained prior to implementing a ny compensation changes.

Return Explanation
Reference

Form 990, Part VI, Section C, line 19

990 Schedule O, Supplemental Information Return Explanation Reference Reversal of grant revenue -6,217

Form 990, Part XI, line

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Name, address, and EIN (if applicable) of disregarded entity

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

(Form 990)

Internet Development

Part I

University Corporation for Advanced

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.

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

Primary activity

the latest information.

Legal domicile (state

or foreign country)

Cat No 50135Y

Total income

2018

Direct controlling

entity

Schedule R (Form 990) 2018

Employer identification number

52-2060187

End-of-year assets

DLN: 93493232001419

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury	► Go to <u>www.irs.gov/Form990</u> for instructions and
Internal Revenue Service	
Name of the organization	

Acquire Indefeasible rights (1) National Research & Education Fiber Company LLC DE 0 University Corporation for Advanced 100 Phoenix Dr Suite 111 of use of fiber optic telecom Internet Development Ann Arbor, MI 48108 capacity 04-3750617 (2) Incommon LLC Facilitate sharing of DE 6,107,719 10,141,899 University Corporation for Advanced 100 Phoenix Dr Suite 111 protected network Internet Development Ann Arbor, MI 48108 accessible resources 20-2995509 (3) Advanced Infrastructure for Research and Education LLC DE See Schedule R, Part VII 0 University Corporation for Advanced 100 Phoenix Dr Suite 111 Internet Development Ann Arbor, MI 48108 20-3730423 (4) Digital Preservation Network LLC Facilitate development of DE 1,302,280 264,991 University Corporation for Advanced 100 Phoenix Dr Suite 111 long-term digital Internet Development Ann Arbor, MI 48108 preservation systems 81-5308666 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Exempt Code section Name, address, and EIN of related organization Primary activity Legal domicile (state Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No

Name, address, and EIN of related organization	(a) Name, address, and EIN of related organization		ame, address, and EIN of Pr			Name, address, and EIN of Primary Legal D related organization activity domicile cont			(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512-	l, total income		re of Disproprtional of-year allocations		ionate Code V-UBI		ral or aging ner?	(k) Percentag ownership
					514)			Yes	No		Yes	No						
Identification of Related Organiza because it had one or more related or						 ization ansv	 wered "Yes	" on Fo	orm 9	 90, Part IV,	line	34						
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign untry)		entity (Cid	(e) pe of entity orp, S corp, or trust)	(f) Share of total Income		(g) of end- year assets	of- Perce	(h) Percentage ownership		(I) ection 512(.3) controllentity? Yes No					

Schedu	lule R (Form 990) 2018		P	age 3
Part	Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	5.		
N	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 Dur	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a F	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		•	
b	Gift, grant, or capital contribution to related organization(s)	1t	•	
c 0	Gift, grant, or capital contribution from related organization(s)		:	
d L	Loans or loan guarantees to or for related organization(s)		i	
e l	Loans or loan guarantees by related organization(s)	16	•	
f D	Dividends from related organization(s)	11	;	
g 9	Sale of assets to related organization(s)	19	,	
h F	Purchase of assets from related organization(s)	11	1	
i E	Exchange of assets with related organization(s)	1 i		
j L	Lease of facilities, equipment, or other assets to related organization(s)	. 1	i	
k L	Lease of facilities, equipment, or other assets from related organization(s)	. 11	(+
I P	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m P	Performance of services or membership or fundraising solicitations by related organization(s)	. 1r	n	
n S	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	11	n	
o 9	Sharing of paid employees with related organization(s))	
p F	Reimbursement paid to related organization(s) for expenses	<u>1</u> 1	,	
q F	Reimbursement paid by related organization(s) for expenses		1	
r C	Other transfer of cash or property to related organization(s)	11	+	
s C	Other transfer of cash or property from related organization(s)	15	;	
2 I	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	on thresholds	•	
	(a) (b) (c) Name of related organization Transaction type (a-s)	(d) Method of determining amount	t involve	ed

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

tas not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(a) Name, address, and EIN of entity (b) Primary activity domicile (state or foreign country) tsee		sections 512-	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No	<u> </u>		Yes	No		Yes	No	\
									_	Schedul	e R (Form	1 990	0) 2018

Schedule R (Form 990) 2018 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation Part I, Identification of Disregarded Name of Disregarded Entity Advanced Infrastructure for Research and Education LLC Primary Activity Facilitate project collaboration which share resources using Entities ladvanced technology

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