DLN: 93493045015210 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. Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization D Employer identification number B Check if applicable The University of Connecticut Foundation ☐ Address change 06-6070722 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2390 Alumni Drive Unit 3206 ☐ Amended return ☐ Application pending (860) 486-5000 City or town, state or province, country, and ZIP or foreign postal code Storrs, CT 06269 **G** Gross receipts \$ 68,469,526 Name and address of principal officer H(a) Is this a group return for Gerald Ganz Jr □Yes ☑No subordinates? 2390 Alumnı Drive Unit 3206 H(b) Are all subordinates Storrs, CT 062693206 ☐ Yes **☑**No ıncluded? Tax-exempt status **☑** 501(c)(3) **☐** 501(c)() **◄** (insert no) 4947(a)(1) or 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www foundation uconn edu L Year of formation 1964 M State of legal domicile CT **K** Form of organization lacksquare Corporation lacksquare Trust lacksquare Association lacksquare Other lacksquareSummary 1 Briefly describe the organization's mission or most significant activities To operate exclusively for charitable and educational purposes, all for the public welfare, and to this end to promote, encourage and assist all forms of education, healthcare and research at the University of Connecticut, including without limitation, the University of Connecticut Health Center, to solicit donations of, accept and receive properties, moneys or securities by virtue of gift, grant, bequest, devise or otherwise, and to hold, control, administer, invest, reinvest, accumulate, and generally care for any and all funds and property, real and personal, which from time to time may be given, granted, bequeathed, devised or otherwise conveyed or made available to the Corporation Activities & Governance either unconditionally, upon condition or in trust for specified purposes within the limitations of this certificate of incorporation, and to disburse such funds and property, or the income therefrom, in aiding, supplementing, improving and enlarging the educational, cultural, recreational, healthcare an Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 37 Number of voting members of the governing body (Part VI, line 1a) . 36 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 227 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 53 Total number of volunteers (estimate if necessary) . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 967.968 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) . 43,775,533 43,206,338 9 Program service revenue (Part VIII, line 2g) . 10,767,944 11,460,779 13,471,924 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,283,721 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5.644 89.166 68,832,842 68,228,207 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 35,053,961 27,924,861 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) 15,997,603 16,847,160 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . 357,710 332,670 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶17,188,871 9,515,612 9,918,999 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 53,795,786 62,152,790 15,037,056 **19** Revenue less expenses Subtract line 18 from line 12 . . . d Balances End of Year **Beginning of Current Year** 575,624,249 597,750,214 20 Total assets (Part X, line 16) . 41,194,696 47,706,741 21 Total liabilities (Part X, line 26) . 534,429,553 550,043,473 ${\bf 22}\,$ Net assets or fund balances $\,$ Subtract line 21 from line 20 $\,$. 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 2020-02-14 Signature of officer Sign Here Gerald Ganz Jr Sr VP Fin/Admin, CFO Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If Paid Firm's name Firm's EIN ▶ Preparer Use Only Firm's address Phone no ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

Form	990 (2018)							Page 2
Pa	statement	of Program Service	e Accomplis	hments				
	Check If Sche	edule O contains a resp	onse or note to a	any line in this Part III				✓
1	Briefly describe the	organization's mission						
of ed solici admi giver speci	ucation, healthcare ar t donations of, accept nister, invest, reinves n, granted, bequeather fied purposes within t	nd research at the Universities and receive properties to accumulate, and gend, devised or otherwise	ersity of Connect , moneys or sect erally care for an conveyed or ma ertificate of incor	ticut, including without urities by virtue of gift, ny and all funds and pr ade available to the Coi poration, and to disbur	and to this end to promote, limitation, the University of C grant, bequest, devise or oth operty, real and personal, wh poration either unconditional se such funds and property, c ealthcare an	Connecticut Health nerwise, and to ho lich from time to t lly, upon condition	Cente ld, cor ime m or in	er, to ntrol, ay be trust for
2	-	undertake any significa		- <i>'</i>	hich were not listed on		. 🔽	No.
		ese new services on Sci					• 🖭	NO
3	•	cease conducting, or n		changes in how it cond	ucts any program			
-	services?	<u>.</u>	take significant	enanges in now it cond	acts, any program	□ •	es 5	/ No
		ese changes on Schedu	le O				. .	_ 110
4	Section 501(c)(3) ar		ons are required	to report the amount of	largest program services, as of grants and allocations to of		enses	
4a	(Code) (Expenses \$	11,382,750	ıncludıng grants of \$	11,382,750) (Revenue \$)	
	See Additional Data							
4b	(Code) (Expenses \$	8,943,546	including grants of \$	8,943,546) (Revenue \$)	
	See Additional Data							
4c	(Code) (Expenses \$	8,596,832	ıncludıng grants of \$	8,596,832) (Revenue \$)	
	See Additional Data							
4d	Other program servi	ces (Describe in Sched	ule O)					
	(Expenses \$	6,130,833 inc	luding grants of	\$ 6,130,8	333) (Revenue \$	11,460,779)		
4e	Total program ser	vice expenses ▶	35,053,9	61				

Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Vac 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Yes 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? 5 No 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R 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 Yes q Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 👺 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 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Nο 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 14b Yes valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 🖠 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Yes 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο

20b

21

Yes

Nο

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

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

	Checklist of Required Schedules (continued)			
			Yes	No
	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	
	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	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
ı	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	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
	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
	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
	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
	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)			
1	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	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
	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		No
	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	Yes	
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
	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
	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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

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

No

Yes

174

1a

1b

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

If "Yes," did the organization notify the donor of the value of the goods or services provided?

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources

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?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

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

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

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

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?

d If "Yes," indicate the number of Forms 8282 filed during the year

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

7d

10a

10b

11a

11b

12b

13b

13c

7a

7b

7c

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

Yes

Yes

Nο

No

No

Nο

Nο

No

Nο

Nο

Nο

Nο

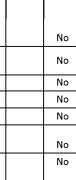
No

No

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedic Check if Schedule O contains a response or note to any line in this Part VI	lule O	See instructions		•	lines
Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3	7		
	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	3	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?		, ,	2		No

Ь	Enter the number of voting members included in line 1a, above, who are independent	1b		36
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	ss rela	tionship with any	other
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other			ervision
4	Did the organization make any significant changes to its governing documents since the	prior F	orm 990 was filed	۱۶. [
5	Did the organization become aware during the year of a significant diversion of the organization	nızatıo	n's assets? .	
6	Did the organization have members or stockholders?			.



16a

16b

CA, KY, MA, MD, MI, MN, NH, NJ, NY, OR, SC, UT, WI,

Nο

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		No
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		No
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		No
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	∍.)	
			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	
ь	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? If "Yes," describe in Schedule O how this was done	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	
Ь	Other officers or key employees of the organization	15b	Yes	
	Other officers of key employees of the organization	130	103	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	150	103	

7a	members of the governing body?	7a		No
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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	
Ь	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? If "Yes," provide the names and addresses in Schedule O	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
ь	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	
Ь	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	
Ь	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	.		

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year 20

status with respect to such arrangements?

List the States with which a copy of this Form 990 is required to be filed▶

Section C. Disclosure

17

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

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)

State the name, address, and telephone number of the person who possesses the organization's books and records Ferald Ganz Jr 2390 Alumni Drive Unit 3206 Storrs, CT 06269 (860) 486-5000 Form **990** (2018)

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	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	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

StepStoneGroup LP

4275 Executive Square Ste 500 LaJolla, CA 92037 PricewaterhouseCoopers LLP

PO Box 7247-8001 Philadelphia, PA 191708001 Wheels Up Partners LLC

220 West 42nd St 9th Floor New York, NY 10036

compensation from the organization ▶ 14

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441,944

245,840

208,615

Form **990** (2018)

Section At officers/ Bires	tors, musicus	, itc y	p.	٠,٠	,	unu i	9.	icst com	pensace	a Linpioyees		naca,	
(A) Name and Title	nd Title Average hours per week (list any hours				ınles	eck moss pers and a	son	(D Repor- compen from organizat	table sation the ion (W-	(E) Reportable compensation from related organizations (W-		(F) Estima amount o compens from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensati employee	Former	2/1099-	·MISC)	2/1099-MISC) '	organization and related organizations	
		i i	าแรกษ์			ensated							
See Additional Data Table													
						▶ _							
c Total from continuation sheets to F d Total (add lines 1b and 1c)	•					>		2,31	6,846				328,089
Total number of individuals (including of reportable compensation from the compensa			e liste	ed al	bove	e) who	rece	eived more	than \$1	00,000			
3 Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>			•			, ,		ghest comp	pensated	employee on		Yes	No
For any individual listed on line 1a, is organization and related organization.	the sum of rep	ortable (comp	ensa	ation	n and c	ther	r compensa		the	3	Yes	
<i>individual</i>Did any person listed on line 1a rece									· ·	· · · ·	4	Yes	
services rendered to the organization	· ·	ete Sch	edule	J fo	or su	ıch per	rson				5		No
Section B. Independent Contract Complete this table for your five high from the organization Report compe	est compensate										npens	sation	
	(A) and business addre		уеаг	ena	iiig	WILII O	I WIL	unin the org		(B) ription of services		(C Comper	
Ruffalo Cody HoldingsRuffalo Noel Levitz PO Box 718	ana business addre	.55						Ph	none solicit	•		Compe	388,644
Des Moines, IA 503030718 Wells Fargo Visa									edit card				515,828
PO Box 63020 San Francisco, CA 94163													,

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

Consulting

Auditing services

Travel services

		(2018)									Page 9
Part	VIII			- rocn	onse or note to any	lina in th	us Port VIII				П
		Check ii Scheddi	e o contains	a respo	onse of flote to any	(/		Rela ex fui	(B) ated or cempt nction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1:	a Federated campaig	ns	1a				Te	venue		312 - 314
nts Ints		b Membership dues		1b	<u> </u>						
Gra nou		c Fundraising events		1c	465,019						
s, C An		d Related organizatio		1d	100,000						
Gift Tar		e Government grants (co		1e	<u> </u>						
iii.		F All other contributions,		<u> </u>	<u> </u> 						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts n above	ot included	1f	42,741,319						
真豆	!	g Noncash contribution in lines 1a - 1f \$	ons included	3,:	183,820						
ang ang		h Total. Add lines 1a	-1f		•	Δ	3,206,338				
_					Business		3,200,330				
Service Revenue	2 a	Univ Endow Admin Fee				900099	29	93,613	293	,613	
₩.	Ь	Univ Fee for Service				900099	11,10	67,166	11,167	,166	
Se F						900099					
er vi	c			_							
Š	d										
Program	e f	All other program se									
Pro					11,4	460,779					
		Total. Add lines 2a-2				1		T	T		
		Investment income (ii similar amounts) .			interest, and other	.	7,600,562			867,30	6,733,256
	4	Income from investm	ent of tax-exe	empt b	ond proceeds	·	0				
	5	Royalties				•	0				
	_		(ı) Rea	I	(II) Personal	_					
	oa	Gross rents									
	Ŀ	Less rental expenses									
	c	Rental income or (loss)									
	c	Net rental income o	r (loss)			1	0				
			(ı) Securi	ties	(II) Other						
	7a	Gross amount from sales of	5.8	392,111							
		assets other than inventory		,							
	L	Less cost or				-					
		other basis and sales expenses		20,749							
	c	Gain or (loss)	5,8	371,362							
	c	Net gain or (loss) .			>		5,871,362			100,66	2 5,770,700
	8 a	Gross income from fi	undraising ev 465,019	ents							
ıπe		(not including \$ contributions reporte									
₽ •		See Part IV, line 18		а	<u>'</u>	_					
Ä		Less direct expense		b			00.466				20.466
Other Revenue		: Net income or (loss) i Gross income from g		-	ents	1	89,166				89,166
ŏ	90	See Part IV, line 19		ies							
				а							
		Less direct expense		Ь							
		: Net income or (loss)		activit	ies		0				
	10.	Gross sales of invent returns and allowand									
				а							
	Ŀ	Less cost of goods s	sold	b							
	C	Net income or (loss)		invent			0				
	11	Miscellaneous	Revenue		Business Code	-					
	-1	. u									
											
	E	•									
											+
	C	•									
		All other revenue									
		Total. Add lines 11a		_		1					+
					•		0				
	12	Total revenue. See	instructions	• •	• • • •		68,228,207		11,460,779	967,96	8 12,593,122

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to any	/ line in this Part IX .			\square
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	35,053,961	35,053,961		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,387,898		242,087	1,145,811
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	12,016,019		3,054,157	8,961,862
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	778,175		205,369	572,806
9 Other employee benefits	1,652,529		365,946	1,286,583
10 Pavroll taxes	1,012,539		264,633	747,906

0

56,092

191,355

2,979,863

136,479

17,628

77,903

957,577

71,593

50,165

26,960

206,562

282,862

94,531

130,833

4 806

224,982

66,034

201,541

9,909,958

21.750

332,670

339,959

25,937

259,071

505,875

254,016

501.049

75,682

56,364

421,885

1,274,230

236,973

12,316

127,471

24,298

17,188,871

Form 990 (2018)

4,357

56,092

191,355

21.750

332,670

2,979,863

476,438

43,565

336,974

325,609

551,214

102,642

262,926

98,888

1,405,063

241,779

237,298

193,505

225,839

35,053,961

62,152,790

0

0 704,747

1,463,452

10 Payroll taxes11 Fees for services (non-employees)

d Lobbying

f Investment management fees . .

12 Advertising and promotion . . .

13 Office expenses . .

14 Information technology

20 Interest

expenses on Schedule O)

b Printing and Publications

d Club memberships & dues

e All other expenses

c Donor cultivation & promotion

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

a Special Events

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e
 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 ► ☐ if following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

21 Payments to affiliates

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

a Management

b Legal .

c Accounting .

Page **11**

25

26

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28

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32

33

34

47.706.741

11.864.923

538,178,550

550,043,473

597,750,214

Form **990** (2018)

41.194.696

9.654.803

524,774,750

534,429,553

575,624,249

				(A) Beginning of year		(B) End of year
	1 Cash-non-interest-bearing			6,948,129	1	15,897,891
	2 Savings and temporary cash investments .		<u> </u>	7,297,018	2	4,921,539
	B Pledges and grants receivable, net		<u> </u>	22,916,988	3	19,018,122
.	4 Accounts receivable, net		<u> </u>	224,157	4	632,834
	 Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali 	ated en	nployees Complete		5	0
	section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 ations o (see in	(c)(3)(B), and f section 501(c)(9) structions) Complete		6	0
<u>%</u>	8 Inventories for sale or use		-	8.400	8	8,400
¥ ∃	9 Prepaid expenses and deferred charges			407.271	9	379.704
	, ,		·	407,271	9	379,704
''	Da Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	11,724,707			
	b Less accumulated depreciation	10 b	7,117,806	5,061,794	10c	4,606,901
1:	Investments—publicly traded securities .			222,395,858	11	242,805,706
1:	2 Investments—other securities See Part IV, line	11 .		156,660,023	12	167,716,210
13	Investments—program-related See Part IV, line	e 11 .			13	0
14	1 Intangible assets		[14	0
1!	5 Other assets See Part IV, line 11		[153,704,611	15	141,762,907
10	Total assets. Add lines 1 through 15 (must equ	ıal lıne	34)	575,624,249	16	597,750,214
17	7 Accounts payable and accrued expenses			7,019,956	17	16,967,926
18	3 Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities			12,500,000	20	10,000,000
21 مِي	L Escrow or custodial account liability Complete F	Part IV	of Schedule D	17,403,073	21	17,132,863
Liabilities	Loans and other payables to current and former key employees, highest compensated employee					
ei	persons Complete Part II of Schedule L				22	
□ 23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
24	Unsecured notes and loans payable to unrelated	third i	parties	4,271,667	24	3,605,952

	16	Total assets. Add lines 1 through 15 (must equal line 34)								
	17	Accounts payable and accrued expenses								
	18	Grants payable								
	19	Deferred revenue								
	20	Tax-exempt bond liabilities								
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D								
Liabilities	22	oans and other payables to current and former officers, directors, trustees, ey employees, highest compensated employees, and disqualified								
jab		persons Complete Part II of Schedule L								
	23	Secured mortgages and notes payable to unrelated third parties								
	24	Unsecured notes and loans payable to unrelated third parties								
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D								

26

27 28

29

30

31

32

33 34

Net Assets or Fund Balances

Total liabilities. Add lines 17 through 25 .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

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

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

Form 990 (2018)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single 3a

Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

No

Form 990 (2018)

3b

Additional Data

Software ID: 18007218

EIN: 06-6070722

Software Version: 2018v3.1

Name: The University of Connecticut Foundation Inc

Form 990 (2018)

Form OOO Bort III Line

Form 990, Part III, Line 4a:

Scholarships, Awards, and FellowshipsThe University of Connecticut Foundation, Inc receives gifts on behalf of donors, restricted to the support of financial aid for University of Connecticut students. To ensure compliance with all University, federal, and state financial aid requirements, the University selects the student recipients and makes the awards directly to students. After receiving appropriate documentation from the University, the Foundation provides grants to the University to fund financial aid expenditures. The expenditures are funded from investment income earned on endowment funds restricted to financial aid and gifts restricted for financial aid.

Form 990, Part III, Line 4b:

documentation Occasionally the Foundation will pay the vendor directly

Program Services The University of Connecticut Foundation, Inc. receives gifts on behalf of donors, restricted to the support of programs at the University Generally, the

expenditure is made to the vendor directly by the University with the Foundation then providing a grant to the University to fund the expenditure after receiving appropriate

Endowed Chairs and ProfessorshipsThe University of Connecticut Foundation, Inc. received gifts on behalf of donors restricted to support of University of Connecticut faculty compensation and research. To ensure compliance with all University and state personnel policies and for W-2 reporting purposes, the University pays all faculty directly for compensation related items. After receiving appropriate documents from the University, the Foundation provides grants to the University to fund faculty compensation.

expenditures For non-compensation expenditures in support of faculty (e.g. research materials and equipment), generally the expenditure is made to the vendor directly by the University with the Foundation then providing a grant to the University to fund the expenditure after receiving appropriate documentation. Occasionally, the Foundation

will pay the vendor directly The expenditures are funded from investment income earned on endowment funds restricted to support of faculty

Form 990, Part III, Line 4c:

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

	1 4117 110413	""	u un	CCLC	J1 / C1	usicc,	'	(11, 2,4,000	(14) 2/4 200	1 110111 (110
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Joshua Newton	40 00	x		x				442,275	0	30,394
Pres to 8/14/18	0 00									
Steven M Greenspan Dir fr 10/25/18	1 00	×						0	0	0
Adam L Schwartz Director	1 00	×						0	0	0
Albert J Foreman	1 00	×						0	0	0

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Adam L Schwartz	1 00
Director	0 00
Albert J Foreman	1 00
Director	0 00
Angelo DeFazio	1 00
Director	0.00

Anthony Rizza

Benjamin W Michelson

Director

Director

Director

Director

Secretary

David Ford

Alan R Bennett

Craig W Ashmore

and Independent Contractors

(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 week (list person is both an officer from the from related compensation and a director/trustee\ any hours organizations from the organization

	any hours	and	a dir	recto	or/tr	ustee	}	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Douglas P Lawrence	1 00	×						0	0	0
Director	0 00							Ĭ	0	Ü
Drew A Figdor	1 00	×						0	0	0
Director	0 00								-	
Fran Del Boca	1 00	×						0	0	0

Director	0 00					
Drew A Figdor	1 00	· .			0	
Director	0 00	X			0	
Fran Del Boca	1 00	V			0	
Director	0 00	Χ				
George R Aylward Jr	1 00	V				

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91,462

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8,485

and Independent Contractors

Director

Director

Director

Chairman

Director

Director

Debra Hess

Harriet M Wolfe

John P Malfettone

John Fodor to 52819

Jonathan L Greenblatt

Pres fr 8/15/18

Joseph E Parsons

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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) any hours organization organizations from the

and Independent Contractors

Dir to 10/24/18

Mark C Sinatro

Daniel D Toscano

Chair to Oct'18

Lincoln Millstein

Dir to 10/24/18

Michael G Koppel

Treasurer

Mary Ann W Gilleece

Dir to 8/6/18

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Director

	for related						_	(W- 2/1099-	(W- 2/1099-	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
Leah A Darak	1 00									
		×						0	0	0
Director	0 00									
Scott M Roberts	40 00									
	•••••	X		Х				0	0	0
Pres fr 5/28/19	0 00									
Mark A Beaudoin	1 00									
	•••••	X						0	0	0
Director	0 00									
Clinton G Gartin	1 00									
	•••••	X						0	0	0
Dir to 10/24/18	0 00									

	0 00						
Mark A Beaudoin	1 00	.,					
Director	0 00	X				U	
Clinton G Gartin	1 00	X				0	
Dir to 10/24/18	0 00	^					
Constance Weaver	1 00	×	·			0	

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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) any hours organization organizations from the

	any nours	4114	u un	CCCC) i / Ci	usice,	' I	(11, 2,4,000	(14, 5/4,000	I moniture .
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Michael K Rosen	1 00	X						0	0	0
Director	0 00									
Michael A Melio Dir to 7/30/18	1 00 0 00	Х						0	0	0
Patrick M Campion Director	1 00 0 00	Х						0	0	0
4			1					1		ı

0

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0

1101100171110110		Ιx			0	
Dir to 7/30/18	0 00	l ''			J	
Patrick M Campion	1 00				0	
Director	0 00	_ ^			0	
Walter R Allen	1 00					
Director	0 00	×			0	

1 00

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0 00 1 00

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and Independent Contractors

Robert I Sherman

Robert J Skinner

William B Clemens III

William J Quinlan III

Kimberly T Manning

Director

Director

Director

Director

Director

Director

Nadine F West

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

for related

0 00 40 00

0.00 40 00

0 00 40 00

0 00 40 00

0 00 40 00

0 00

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(W- 2/1099-

265,756

265,666

224,154

168,936

176,684

(W- 2/1099-

organization and

44,677

43,170

40,207

16,491

21,945

0

0

0

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

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	related organizations
Noha H Carrington	1 00	×						(0	0
Director	0 00									
Amy J Errett Director	1 00	×						(0	0
Lori Riiska	1 00	x						(0	0
Director	0 00									
Melinda T Brown	1 00	×						(0	0
Director	0 00									
Suzanne B Bırd	1 00	×						,)	0
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Director	
Melinda T Brown	
Director	
Suzanne B Bırd	
Director	

Gerald Ganz Jr

Sr VP Fin/Adm

Jacob Lemon

Sr VP for Dev

VP of Principal Gifts

VP Mktg & Comm

Brian Otis

Derek Slap

Jennifer Grey

AVP Dev-HS

and Independent Contractors

and Independent Contractors (C) (D)
Position (do not check more Reportable (A) Name and Title (F) Estimated

	hours per week (list any hours for related organizations below dotted line)	pers	an on on is	e bo both ecto	ox, un an or/tr	inless office ustee	er	compensation from the organization (W- 2/1099- MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
Shahid Farooqi Dir of Investments	40 00					х		150,709	0	32,795
Suzanne O'Conor General Counsel	40 00					x		240,184	0	23,645
Frank Gifford AVP Development	40 00					x		176,727	0	36,874
	40.00	ı	1	1		1		ı		ı

0 00

Melissa Maynard

Former Interim CFO

29,406

114,293

SCHE (Form 9 990EZ)		Com		Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2018
	of the Treasury		► Go to	www.irs.gov/Form	990 for the late	est information		Open to Public Inspection
Name of	the organiza	tion ıt Foundatıon					Employer identifi	cation number
nc				(41)			06-6070722	
Part I				us (All organization e it is (For lines 1 thro			see instructions.	
1 [•		ssociation of churches	J ,	,	(A)(i).	
2 _			•	1)(A)(ii). (Attach Sch			C-7C-7-	
3 ┌	4			vice organization desci	,	, ,	iii)	
4 □	•	·	•	ed in conjunction with			•	Entar the beenital's
т _	name, city,		ization operat	ed in conjunction with	a nospital desci	ibed iii sectioii .	170(D)(1)(A)(III). E	inter the hospital's
5		ation operated (iv). (Complet		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	ibed in section 170
6 _		• • • •	,	governmental unit de	scribed in sectio	on 170(b)(1)(A	۱)(v).	
7 🗸	An organiza	ation that norr	nally receives	a substantial part of it	s support from a	governmental u	init or from the gener	ral public described in
_	section 17	'0(b)(1)(A)(-	•
8	•	•		170(b)(1)(A)(vi)	, ,	•		
9 _				escribed in 170(b)(1) ee instructions Enter				lege or university or a
o _	from activit	ies related to income and u	its exempt fur nrelated busir	(1) more than 331/3% actions—subject to cer less taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
.1 _	•			d exclusively to test fo	r public safety S	See section 509	(a)(4).	
.2	more publi	ly supported	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 _	Type I. A s	supporting org	anization oper r to regularly a	ated, supervised, or co	ontrolled by its s	upported organi	zation(s), typically by	
ь _	manageme		orting organiz	pervised or controlled in ation vested in the sare and C.				
c _		•	_	supporting organizatio		·	, -	ated with, its
d [Type III n functionally	on-functiona integrated T	i lly integrate he organizatio	ions) You must com 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 orga	
e _		•	•	ved a written determin	•		pe I, Type II, Type I	II functionally
f Eni				integrated supporting	organization			
	ter the number		_	upported organization(e)		_	
	Name of support organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				,	Yes	No		
Γotal				structions for	Cat No 1128!		 Schedule A (Form 9	1

instructions

P	Support Schedule for (b)(1)(A)(ix) (Complete only if you ch	_						
	III. If the organization f						,	
	Section A. Public Support	' '		, , , , , , , , , , , , , , , , , , ,		,		
	Calendar year (or fiscal year beginning in) ▶	Calendar year (a) 2014 (a) 2014		(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	33,051,328	42,383,683	38,506,381	43,775,533	43,775,533 43,206,338		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0	
3	The value of services or facilities furnished by a governmental unit to						0	
4	the organization without charge Total. Add lines 1 through 3	33,051,328	42,383,683	38,506,381	43,775,533	43,206,338	200,923,263	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	33,031,320	42,303,003	30,300,301	13,773,333	43,200,330	820,938	
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						620,936	
	Public support. Subtract line 5 from line 4						200,102,325	
S	ection B. Total Support					1		
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total	
7	(or fiscal year beginning in) ► Amounts from line 4	33,051,328	42,383,683	38,506,381	43,775,533	43,206,338	200,923,263	
8	Gross income from interest,	33,031,320	+2,303,003	30,300,301	45,775,555	+3,200,330	200,723,203	
Ū	dividends, payments received on securities loans, rents, royalties and income from similar sources	8,710,287	8,761,282	12,382,769	10,912,511	7,600,562	48,367,411	
9	Net income from unrelated business activities, whether or not the business is regularly carried on				20,305	967,968	988,273	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0	
11	Total support. Add lines 7 through 10						250,278,947	
12	Gross receipts from related activities,	etc (see instruction	ons)			12	50,993,760	
13	First five years. If the Form 990 is for						nization,	
_	check this box and stop here					P 🗆		
	Section C. Computation of Publi							
	Public support percentage for 2018 (li			olumn (f))		14	79 950 %	
15	Public support percentage for 2017 So	hedule A, Part II,	line 14			15	77 420 %	
16 a	33 1/3% support test—2018. If the	e organization did r	not check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this b	ох	
b	and stop here. The organization qual 33 1/3% support test—2017. If the	ne organization did	not check a box o	n line 13 or 16a, a	ind line 15 is 33 1/	3% or more, check	this	
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	t—2018. If the org	ganization did not o s-and-circumstance	check a box on line es" test, check this	box and stop he	re. Explain		
b	organization 10%-facts-and-circumstances te 15 is 10% or more, and if the organi Explain in Part VI how the organizati	zation meets the "I	facts-and-circumst	ances" test, check	this box and stop	here.	▶□	
18	supported organization Private foundation. If the organizat	ion did not check a	box on line 13, 16	5a, 16b, 17a, or 17	7b, check this box	and see	▶ □	

Р	Support Schedule for								
	(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.)								
- C	the organization falls to	quality under t	ne tests listed	pelow, please co	omplete Part II.)			
30	Calendar year		43.50/5		413.004-		(0) =		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not include any "unusual grants")								
2	Gross receipts from admissions,								
_	merchandise sold or services								
	performed, or facilities furnished in								
	any activity that is related to the								
_	organization's tax-exempt purpose Gross receipts from activities that are								
3	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 The value of services or facilities								
5	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
_	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year								
C	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
	from line 6)								
36	ection B. Total Support Calendar year		I	I	1		1		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
D	(less section 511 taxes) from								
	businesses acquired after June 30,								
	1975								
C	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is regularly carried on								
12									
	loss from the sale of capital assets								
	(Explain in Part VI)								
13	Total support. (Add lines 9, 10c, 11, and 12)								
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.		
	check this box and stop here	,	, ,	, ,	,	(), ()	• □		
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>		
15	Public support percentage for 2018 (lin			column (f))		15			
16	Public support percentage from 2017 S					16			
	ection D. Computation of Investi					1 1			
17	Investment income percentage for 201			line 13, column (f	·))	17			
18	Investment income percentage from 2	•			••	18			
	331/3% support tests—2018. If the		•	on line 14, and lin	ne 15 is more than		ne 17 is not		
							► □		
	more than 33 1/3%, check this box and s 33 1/3% support tests—2017. If the								
b	· · · · · · · · · · · · · · · · · · ·	-			•		_		
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_		
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □		

Schedule A (Form 990 or 990-EZ) 2018 Page 4 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

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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

3а 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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

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 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.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

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

9с

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

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,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	Page 5	
Pa	rt IV Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
	governing body of a supported organization?	11a			
b	A family member of a person described in (a) above?	11b			
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c			
S	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			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting				
	organization	2			
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			
	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?		103		
		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3			
S	ection E. Type III Functionally-Integrated Supporting Organizations		l		
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				
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	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.	2~			
	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? <i>Provide details in Part VI</i> .	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	36			

Sched	ule A (Form 990 or 990-EZ) 2018			Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income	(B) Current Year (optional)		
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

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

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

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.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

Software ID: 18007218 **Software Version:** 2018v3.1

EIN: 06-6070722

Name: The University of Connecticut Foundation

Page 8

Inc Schedule A (Form 990 or 990-EZ) 2018 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12. Part IV, Part VI

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See

instructions)								
Facts And Circumstances Test								

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

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

DLN: 93493045015210

f the S f the S F F F F F F F F F F F F F F F F F F	Section 527 organizations Completer organization answered "Yes" of Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form thave filed Form 5768 (election under thave NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy T s), then	990-EZ, Part VI, Iir section 501(h)) Co under section 501(h	ne 47 (Lobbying Activit Implete Part II-A Do not In Complete Part II-B D	ies), then complete Part II-B o not complete Part II-A
Nan	ne of the organization University of Connecticut Foundation			Employer id	entification number
Inc				06-6070722	
Pari		nization is exempt under sect			
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political c	ampaign activities ir	Part IV (see instruction	s for definition of
2	Political campaign activity expend	itures (see instructions)		>	\$
3	Volunteer hours for political camp	aign activities (see instructions)			
Part	I-B Complete if the orga	nization is exempt under sect	ion 501(c)(3).		
1	Enter the amount of any excise to	ex incurred by the organization under	section 4955	>	\$
2	Enter the amount of any excise to	ax incurred by organization managers	under section 4955	•	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 fo	r this year?		☐ Yes ☑ No
4a	Was a correction made?				☐ Yes ☑ No
b	If "Yes," describe in Part IV				
		nization is exempt under sect	ion 501(c), exce	ept section 501(c)(3).
1	Enter the amount directly expend	ed by the filing organization for section	n 527 exempt funct	ion activities	\$
2	, ,	anization's funds contributed to other	· ·		\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and	on 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	employer identification number (EIN) each organization listed, enter the ar that were promptly and directly delivi see (PAC) If additional space is needed	nount paid from the ered to a separate p	filing organization's fundolitical organization, suc	ds Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	contributions received
1					
2					
3					
4					
5					
6					
				1	

1,075

250,000

1,075

2.804

250,000

2,804

23,959

250,000

23,959

Schedule C (Form 990 or 990-EZ) 2018

28,448

1,000,000

1,500,000

28,448

610

610

250,000

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Form 5706 (election under Section 501(11)).		, 1	/L\	
ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	ı '	(b)	
	Yes	No	Amou	nt
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				
Volunteers?				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
Mailings to members, legislators, or the public?				
Publications, or published or broadcast statements?				
Grants to other organizations for lobbying purposes?				
Direct contact with legislators, their staffs, government officials, or a legislative body?				
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
Other activities?				
Total Add lines 1c through 1i				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
If "Yes," enter the amount of any tax incurred under section 4912				
If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r sectioi	n	
			Yes	No
)(6)
Dues, assessments and similar amounts from members	1			
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
	2a	i		
Current year		,		
Carryover from last year	2b			
Carryover from last year Total	2b 2c			
Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2b			
Carryover from last year Total	2b 2c			
Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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	2b 2c 3			
	Including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? **TIII-A** Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	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 Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? **III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), o 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), o and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	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 Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? **III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? **IIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	No Amou 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 Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? **IIII—A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? **IIII—B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) and if either (a) BOTH Part IIII-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) ondeductible lobbying and political expenditures (do not include amounts of political

Explanation

The University of Connecticut Foundation, Inc. does not participate in political campaigns

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

Part I-A, Line 1 - Direct and Indirect

Political Campaign Activities

SCHEDULE D

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.

DLN: 93493045015210 OMB No 1545-0047

Open to Public

Department of the Treasury

b Assets included in Form 990, Part X

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

(Form 990)

ern	al Revenue Service	► Go to <u>www.irs.q</u>	ov/Form990 for the latest information.		Ins	spection
	me of the organ			Employer id	entification	number
The Inc	University of Conne	ecticut Foundation		06-6070722		
	rt I Organi	zations Maintaining Donor Advis	sed Funds or Other Similar Funds o	1		
		te if the organization answered "Ye		Accounts.		
		<u> </u>	(a) Donor advised funds	(b)Fund	Is and other a	accounts
	Total number at	end of year				
	Aggregate value	of contributions to (during year)				
	Aggregate value	of grants from (during year)				
	Aggregate value	at end of year				
	Did the organiza	l ation inform all donors and donor adviso	rs in writing that the assets held in donor ad	vised funds are	the	
	organization's p	roperty, subject to the organization's ex	clusive legal control?			Yes 🗌 No
•		oses and not for the benefit of the donor	nor advisors in writing that grant funds can or donor advisor, or for any other purpose c		rmissible	Yes 🗌 No
2a	rt III Conser	vation Easements. Complete if th	e organization answered "Yes" on Forn	n 990. Part I\		163 🗀 140
		onservation easements held by the organ		,	7	
		on of land for public use (e.g., recreation		historically imr	ortant land :	area
		of natural habitat	Preservation of a c			11 CG
			Preservation of a c	ertinea nistorio	structure	
		on of open space		_		
		2a through 2d if the organization held a e last day of the tax year	qualified conservation contribution in the for		ation at the End o	of the Year
а	Total number of	conservation easements		2a		
b	Total acreage re	stricted by conservation easements		2b		
c	Number of cons	ervation easements on a certified histori	structure included in (a)	2c		
d		ervation easements included in (c) acqui in the National Register	red after 7/25/06, and not on a historic	2d		
	Number of cons tax year ▶	ervation easements modified, transferre	d, released, extinguished, or terminated by t	the organizatio	n during the	
	Number of state	es where property subject to conservatio	n easement is located 🕨			
		zation have a written policy regarding that of the conservation easements it holds	ne periodic monitoring, inspection, handling o	of violations,	☐ Yes	□ No
	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation eas		ng the vear
,	>					,
,	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing conserv	vation easemer	its during the	e year
,	Does each cons and section 170		above satisfy the requirements of section 17	70(h)(4)(B)(ı)	☐ Yes	□ No
	balance sheet, a		ervation easements in its revenue and exper footnote to the organization's financial state ts			
ar			of Art, Historical Treasures, or Oth	er Similar A	ssets.	
	Comple	te if the organization answered "Ye	s" on Form 990, Part IV, line 8.			
a	art, historical tr	easures, or other similar assets held for	6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in fi cial statements that describes these items			
b	historical treasu		6 (ASC 958), to report in its revenue statem ic exhibition, education, or research in furth			
((i) Revenue includ	led on Form 990, Part VIII, line 1		▶ \$		
(i	ii)Assets ıncluded	ın Form 990, Part X		> \$		
	-	ion received or held works of art, historic nts required to be reported under SFAS :	tal treasures, or other similar assets for final 116 (ASC 958) relating to these items	ncıal gaın, prov	ide the	
а	Revenue include	ed on Form 990, Part VIII, line 1		> \$ _		

Cat No 52283D

Schedule D (Form 990) 2018

Par	t IIII	Organizations Maintaining Co	ollections of Art, F	listori	ical Tr	eas	ures, or Other	Similar Asse	ts (continued)		
3		the organization's acquisition, accessi (check all that apply)	on, and other records,	check	any of	the fo	ollowing that are a	significant use	of its collection		
а		Public exhibition		d		Loar	n or exchange prog	rams			
b		Scholarly research		е		Othe	er				
С		Preservation for future generations									
4	Provi Part :	de a description of the organization's c XIII	ollections and explain	how th	ey furth	er th	ie organization's ex	empt purpose	ın		
5		ng the year, did the organization solicit is to be sold to raise funds rather than						ılar []Yes □ No		
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization and X, line 21.		m 990), Part	IV, I	ine 9, or reporte	d an amount	on Form 990, Part		
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes V No										
b	If "Y∈	es," explain the arrangement in Part XI	II and complete the fo	llowing	table			Amo	unt		
c	Begir	nning balance	·	_			1c				
d	Addıt	ons during the year					1d				
е	Dıstrı	butions during the year					1e				
f	Endın	ng balance					1f				
2a	Did tl	he organization include an amount on f	Form 990, Part X, line	21, for	escrow	or c	ustodial account lia	bility? 🔽	Yes 🗌 No		
b	If "Y∈	es," explain the arrangement in Part XI	II Check here if the ex	xplanat	ion has	beer	n provided in Part >	(III 🗹	2		
Pa	rt V	Endowment Funds. Complete	ıf the organızatıon a	answei	red "Ye	es" o	n Form 990, Par				
			(a)Current year		rıor year		(c)Two years back	(d)Three years b			
1 a	Beginn	ning of year balance	446,492,267		401,505	\rightarrow	362,419,000	368,179			
b	Contrib	outions	18,315,088		36,134		16,697,000	19,358			
С	Net inv	vestment earnings, gains, and losses	17,201,432		32,249	,710	42,316,000	-4,768	,000 7,957,000		
d	Grants	or scholarships									
е		expenditures for facilities ograms	15,398,102		15,587	,590	13,024,000	13,755	,000 12,749,000		
f	Admını	ıstratıve expenses	7,868,032		7,809	,032	6,903,000	6,595	,000 4,715,000		
g	End of	year balance	458,742,653		446,492	,267	401,505,000	362,419	,000 368,179,000		
2	Provi	de the estimated percentage of the cur	rent year end balance	(line 1	g, colur	nn (a	a)) held as				
а	Board	d designated or quasi-endowment 🟲	0 380 %								
b	Perm	anent endowment ► 97 470 %									
c	Temp	porarily restricted endowment > 2	150 %								
	The p	percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
3а		here endowment funds not in the possenization by	ession of the organizat	ion tha	t are he	eld ar	nd administered for	the	Yes No		
	_	nrelated organizations							3a(i) No		
	(ii) r	elated organizations							3a(ii) No		
b		es" on 3a(11), are the related organization	•						3b No		
4	Desci	ribe in Part XIII the intended uses of th		wment	funds						
Pa	rt VI	Land, Buildings, and Equipme		000		T		000 5 1			
	Descri	Complete if the organization and introduced in the	other basis (b) Cost						(d) Book value		
1a	Land				20	1,361			201,361		
b	Buildin	gs			6,37	2,170		2,968,370	3,403,800		
c	Leaseh	nold improvements			1,01	2,310	1	434,316	577,994		
d	Equipn	nent									
e	Other				4,13	8,866	5	3,715,120	423,746		
Tot:	<u>1</u> Δdd	lines 1a through 1e (Column (d) must	equal Form 990 Part	X colu	mn (R)	line	10(c))		4 606 901		

Part VII Investments—Other Securities. Complete if the o	rganization answ	ered "Yes" on Form 990	, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b) Book		of valuation
(including name of security) (1) Financial derivatives	value	Cost or end-or-y	ear market value
(2) Closely-held equity interests			
(A)			
(B)			
(C)			_
(D)			_
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 167,716,210		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Forn	n 990. Part IV. lır	ne 11c. See Form 990. P	art X. line 13.
(a) Description of investment	(b) Book value	(c) Method	of valuation vear market value
(1)		Cost of end of y	real market value
(2)			_
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Ye	s' on Form 990. Pai	t IV. line 11d See Form 99	0. Part X. line 15
(a) Description (1) Capital leases			(b) Book value 51,858
(2) CSV of life insurance policies			585,876
(3) Deferred bond & note issuance costs (4) Endowment held for University			140,673 15,059,023
(5) Funds held in trust by others (6) Limited partnership investments			11,906,914 114,018,561
(7) Rounding			2
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ	vered 'Yes' on Fo		141,762,907 e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Bo	ook value	
(1) Federal income taxes	, ,		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	 		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the		=	_
organization's liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if the	text of the foothole has bee	n provided in raft AIII 🔲

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Donated services and use of facilities . . .

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Add lines 2a through 2d . .

Schedule D (Form 990) 2018

Part XI

2

3

4

b

c 5

1

2

c

d

3

4

5

Part XII

Page 4

-220,570

59,393,495

220,570

59,172,925

2,979,865

62.152.790

Schedule D (Form 990) 2018

c	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII)	2d		-4,9	36,770		
е	Add lines 2a through 2d					2e	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

6,558,638 3 68,448,777

Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4c

11,495,408

-220,570

220,570

2.979.865

5

2e

3

4c

5

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

> 2a 2b

2c

2d

4a 4b

Explanation

68,228,207

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

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

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007218
Software Version: 2018v3.1

EIN: 06-6070722

Name: The University of Connecticut Foundation Inc

Supplemental Information

Return Reference	Explanation
Part IV, Line 2b Explanation of escrow account liability	The Foundation is named as the trustee and remainder beneficiary of several charitable rem ainder trusts. In addition, the Foundation has entered into contracts with donors for char itable gift annuities for which the Foundation has accepted contributions. The present value of the liability for future payments is reflected on the Foundation's balance sheet. The Foundation has a contractual arrangement to act as the University's agent in managing the University's endowment assets, ensuring consistent management of endowment assets that support the University regardless of entity ownership.

Supplemental Information	
Return Reference	Explanation
Part V, Line 4 Intended uses of the endowment fund	The Foundation's endowment funds provide grants to the University of Connecticut The gran ts may be used to provide scholarships to University of Connecticut students, compensation and research support for University of Connecticut faculty, and general program support for University of Connecticut academic and athletic programs. The use of all endowment fund s is subject to any restriction placed on funds by donors. All disbursements are subject to the Foundation's policy on disbursements, including the amount of the expenditure must be reasonable, for a legitimate business purpose, and with no private benefit.

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d Other expenses and losses per audited F/S	Event expense offseting t/r revenue \$220570

Supplemental Information	
Return Reference	Explanation
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	

efile GRAPI	IIC print - DO NOT	PROCESS	As Filed Data -			DLN:	93493045015210
SCHEDULE (Form 990)	F State	ement of	Activities (Outside the Uni	ted S	tates	OMB No 1545-0047
(FOIII 990)	Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.					5, or 16.	2018
Department of the I	Freasury	► Go to www.irs	gov/Form990 for II.	nstructions and the latest ii	nformatioi	n.	Open to Public Inspection
Name of the org The University of Inc	ganization of Connecticut Foundatio	n				Employer iden	tification number
	eneral Information orm 990, Part IV, line		s Outside the U	Inited States. Comple	te If the	organization ar	nswered "Yes" to
other as		eligibility for t		substantiate the amount stance, and the selection	_		
2 For gra	3		ganızatıon's proce	dures for monitoring the	use of it	s grants and oth	☐ Yes ☐ No ier assistance
3 Activites	per Region (The following	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)	program spe	vity listed in (d) is a service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region
See Add'l	Data						
3a Sub-total b Total from Part I	n continuation sheets to						13,112,466
	dd lines 3a and 3b)						13,112,466

Schedule F (Form 990) 2018							Page 3
Part IIII Grants and Otl				ed States. Complete r	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
	duplicated if addit			T	1		
(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)

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)	☑ 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)	✓ 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

Schedule F	(Form 990) 2018	Page 5			
Part V	amounts of investments vs.	ured 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 nn (c) (estimated number of recipients), as applicable. Also complete this part to provide			
90 Schedule F, Supplemental Information					
	Return Reference	Explanation			

Part I, Line 3f - Method of Accounting

Foreign expenditures are separately identified on the organization's books and records

Additional Data

North America

Software ID: 18007218 Software Version: 2018v3.1 **EIN:** 06-6070722 Name: The University of Connecticut Foundation Inc

Form	990 S	chedule	F Part I	- Activities	Outside	The United S	tates

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	describe specific type of service(s) in region	(f) Total expenditures for region
East Asia & the Pacific	0	0	Fundraising		171,812

0 Fundraising

76,625

ll (a) Region	(b) Number of	(c) Number of	(a) Activities conducted
l l	offices in the	employees or	ın region (by type) (ı e ,
	region	agents in	fundraising, program
		region	services, grants to
			recipients located in the

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Central America & Caribbean 12.828.466 0 lInvestments Europe 0 |Fundraising 35,363

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of fundraising, program region agents in services, grants to service(s) in region region recipients located in the region) Middle East & North Africa 200 0 | Fundraising

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury

As Filed Data -

DLN: 93493045015210

OMB No 1545-0047

Open to Public Inspection

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

Internal Revenue Service Name of the organization **Employer identification number** The University of Connecticut Foundation 06-6070722 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities Check all that apply ✓ Mail solicitations Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants ✓ Phone solicitations ✓ Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Dıd (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of

102 202
193,292
262.470
263,179
456,471
_ _ _

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

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

Reverne		(event type)	(event type)	(total number)	cor (c))
Rev	1 Gross receipts	238,849	114,605	421,301	774,755
	2 Less Contributions	170,113	54,138	240,768	465,019
	3 Gross income (line 1 minus line 2)	68,736	60,467	180,533	309,736
	4 Cash prizes				
တ္	5 Noncash prizes		9,151	10,467	19,618
Direct Expenses	6 Rent/facility costs	10,250	34,822	45,790	90,862
፭ ሽ	7 Food and beverages			94,183	94,183
ਲ੍ਹ	8 Entertainment			250	250
Die	9 Other direct expenses	315		15,342	15,657
	10 Direct expense summary Add lines 4 t	through 9 in column (d)		•	220,570
	11 Net income summary Subtract line 10				89,166
Par	t III Gaming. Complete if the organized on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue	,	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
e G	4 Rent/facility costs				
<u>ā</u>	5 Other direct expenses				
		☐ Yes%	☐ Yes %	☐ Yes %	
	6 Volunteer labor	☐ No	☐ No	☐ No	
	7 Direct expense summary Add lines 2 t	through 5 in column (d)		•	
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	n (d)	•	
9	Enter the state(s) in which the organizati	on conducts gaming activ	ities		
а	Is the organization licensed to conduct ga				☐ Yes ☐ No
b	If "No," explain				
					I
.0a b	Were any of the organization's gaming lic If "Yes," explain		-	e tax year?	☐ Yes ☐ No

Sche	dule G (Form 990 or 990-EZ) 2018					F	Page 3			
11	Does the organization conduct gaming	activities with nonmemb	bers?		Yes	□No				
12	Is the organization a grantor, benefici- formed to administer charitable gamin	ary or trustee of a trust o	or a member of a partnership or other entity		□Yes	_				
13	Indicate the percentage of gaming act	rivity conducted in								
а	The organization's facility			13a			%			
b	An outside facility			13b			%			
14	Enter the name and address of the pe	rson who prepares the or	rganization's gaming/special events books and	records						
	Name •									
	Address ►									
15a	Does the organization have a contract revenue?	with a third party from v	whom the organization receives gaming		□Yes	□No				
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$									
c	If "Yes," enter name and address of the	ne third party								
	Name •									
	Address ►									
16	Gaming manager information									
	Name ▶									
	Gaming manager compensation ▶ \$									
	Description of services provided ▶									
	☐ Director/officer	☐ Employee	☐ Independent contractor							
17 a	Mandatory distributions Is the organization required under sta retain the state gaming license?	te law to make charitable	e distributions from the gaming proceeds to		Πv.					
b	retain the state gaming license? Enter the amount of distributions required under state law distributed to other exempt organizations or spent									
	in the organization's own exempt activ		· · · · · · · · · · · · · · · · · · ·							
Pai	rt IV Supplemental Information III, lines 9, 9b, 10b, 15b, 1	on. Provide the explai 15c, 16, and 17b, as a	nations required by Part I, line 2b, colum pplicable. Also provide any additional info	ns (III) a ormatior	ind (v); a n. See ins	nd Part truction:	s			
	Return Reference		Explanation	•		•				
STM	01	is possible that some ev	ation is reporting all events that had income or vents may have taken place in theprior fiscal you lue orexpense amounts reported for an event in the prior year	ear, or wi	ll be held ıı	n a future	e			

Schedule G (Form 990 or 990-EZ) 2018

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Note: To capture the full co	ntent of this d	ocument, please se	lect landscape mode	e (11" x 8.5") whe	en printing.	ı	OMB No 1545-0047		
Schedule I									
(Form 990)	(2018						
Department of the	Co	inplete il the organiza	tion answered "Yes," o ▶ Attach to Form		, iiile 21 01 22.		Open to Public Inspection		
Treasury Internal Revenue Service		► Go to <u>www</u>	<u>v.irs.gov/Form990</u> for	the latest information	on.		Inspection		
Name of the organization						Employer identif	ication number		
The University of Connecticut Four Inc	ndation					06-6070722			
Part I General Informa	tion on Grants	and Assistance				I			
	o award the grants nization's procedur ssistance to Dom	or assistance? es for monitoring the use	e of grant funds in the Urnd Domestic Governme	ited States			Yes No		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) University of Connecticut 352 Mansfield Road Unit 2048 Storrs, CT 06269	06-0772160	State of Connecticut	35,053,961	0			University support		
2 Enter total number of sectio	n 501(c)(3) and go	overnment organizations	listed in the line 1 table .				1		
3 Enter total number of other	organizations listed	d in the line 1 table				• -	0		
For Paperwork Reduction Act Notice	see the Instruction	ns for Form 990.		Cat No 50055	5P	Sc	hedule I (Form 990) 2018		

Schedule I (Form 990) 2018						Page 2
Part IIII Grants and Other As			als. Complete If the org	ganization answered "Yes	" on Form 990, Part IV, line 22	-
(a) Type of grant or assist		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplemental	Information	on. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other ac	ditional information.
Return Reference	Explanation	on				
Grantmaker's Description of How Grants are Used		ustration staff receive nts are reasonable	es appropriate documer	itation prior to making di	sbursements to ensure compliance	with grant restrictions, and to ensure such

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	a -		DLN: 93	49304	5015	210
Sch	nedule J	С	ompensat	ion Infor	mation	0	MB No	1545-0	0047
(Forr	m 990)	For certain Offic ▶ Complete if the or	Compensa ganization answ	ated Employe	n Form 990, Part IV		20	18	3
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.g</u>			and the latest infor	mation.	Open i	to Pul ectio	
Nar	ne of the organiz					Employer identifica			
The Inc	University of Conne	cticut Foundation				06-6070722			
Pa	rt I Questi	ons Regarding Compens	ation						
1a		opiate box(es) if the organization ection A, line 1a Complete Par						Yes	No
	☐ First-class	s or charter travel		Housing allow	vance or residence for	personal use			
	☐ Travel for	companions		Payments for	business use of perso	onal residence			
	Tax idemi	nıfıcatıon and gross-up paymen	ts 🔲		ial club dues or initiat				
	☐ Discretion	nary spending account	Ш	Personal serv	rices (e g , maid, chau	ffeur, chef)			
b		xes in line 1a are checked, did all of the expenses described ab				nent or reimbursement	1b		
2	Did the organiza	ation require substantiation pric	or to reimbursing	or allowing exp	penses incurred by all	4.5	2		
	directors, truste	ees, officers, including the CEO/	Executive Directo	r, regarding th	e items checked in lin	e 1a ⁷			
3	organization's C	of any, of the following the filing EO/Executive Director Check a ed organization to establish com	all that apply Do	not check any	boxes for methods				
	Compens	ation committee		Written empl	oyment contract				
	✓ Independ	ent compensation consultant	✓	Compensatio	n survey or study				
	☐ Form 990	of other organizations	✓	Approval by	the board or compens	ation committee			1
4	During the year related organiza	, did any person listed on Form ation	990, Part VII, Se	ction A, line 1	a, with respect to the	filing organization or a			
а	Receive a sever	ance payment or change-of-co	ntrol payment?				4a		No
b		r receive payment from, a supp		ıfıed retiremer	nt plan?		4b		No
c	Participate in, o	r receive payment from, an equ	ulty-based compe	nsation arrang	ement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons ar	nd provide the app	olicable amoun	ts for each item in Pai	t III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must comple	te lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Secti ontingent on the revenues of	on A, line 1a, did	-					
а	The organization	n?					5a		No
b	Any related orga						5b		No
	•	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Secti ontingent on the net earnings o		the organization	on pay or accrue any				
a	The organization						6a		No
b	Any related orga						6 b		No
-	-	6a or 6b, describe in Part III	A love 4 - 1.1.	.		. i			
7		ed on Form 990, Part VII, Secti escribed in lines 5 and 6? If "Ye			on provide any nonfixe	ea	7	Yes	
8		nts reported on Form 990, Part nitial contract exception describ				lescribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also foll	ow the rebuttable	presumption	procedure described in	Regulations section	9		No No
For F	Panerwork Redu	iction Act Notice, see the In	structions for Fo	rm 990.	Cat No	50053T Schedule 3	(Forn	990)	2018

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

Instructions, on row (II) Do not list any individuals that 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) Breat	kdown of W-2 and/o compensation		and other	(D) Nontaxable benefits	columns	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							
					1		
	+						
	+			+			
							<u> </u>
						<u> </u>	

	<u> </u>
Part III Supplemental Inform	ation
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 7 Non-Fixed payments not The Foundation may give performance based awards based on formal review and with approval of Foundation management and board

Page 3

Schedule J (Form 990) 2018

listed above

Additional Data

(A) Name and Title

Brian Otis

Derek Slap

Frank Gifford

Gerald Ganz Jr

Sr VP Fin/Adm

Jacob Lemon

Jennifer Grey

AVP Dev-HS

Joshua Newton

Pres to 8/14/18

Melissa Maynard

Shahid Faroogi

Dir of Investments

Suzanne O'Conor

General Counsel

Former Interim CFO

Sr VP for Dev

VP of Principal Gifts

VP Mktg & Comm

AVP Development

Software ID: 18007218

Software Version: 2018v3.1

EIN: 06-6070722

Name: The University of Connecticut Foundation

(C) Retirement and

other deferred

compensation

18,585

13,541

14,886

21,785

21,477

14,341

22,000

9,570

12,123

19,453

(D) Nontaxable

benefits

21,622

2,950

21,988

22,892

21,693

7,604

8,394

19,836

20,672

4,192

(E) Total of columns

(B)(i)-(D)

264,361

185,427

213,601

310,433

308,836

198,629

472,669

143,699

183,504

263,829

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

Other reportable

compensation

(1)

(1)

(1)

(1)

(II) (1)

(1)

(1)

(1)

(1)

(1)

(II)

194,154

168,936

176,727

245,756

250,666

176,684

344,300

114,293

140,709

210,184

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

(ii)

Bonus & incentive

compensation

30,000

20,000

15,000

97,975

10,000

30,000

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

(i) Base Compensation

efil	le GRAPHIC print - DO N	IOT PROCESS As	Filed Data -									DLN: 934	930450	15210
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	nedule K	Su	nnlemental	Information o	n Tax-F	xem	nt P	londs			OMB No 1545-0047			
(Fo	orm 990)			wered "Yes" to Form					criptions,		2018			
			explanations	s, and any additional		ı in Part	VI.							
	rtment of the Treasury nal Revenue Service		▶Go to www.	► Attach to Form 99¢ irs.gov/Form990 for		nformat	tion.						o Public ection	
	of the organization University of Connecticut Four	udation								Emplo	yer iden	tification nu	nber	
Inc	Onliversity of Confidentical Four									06-60	70722			
Pai	rt I Bond Issues											Г		
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	orice	(f) Description	on of purpose	(g) De	feased	d (h) On behalf of) Pool ancing
												ıssuer		
	CUEFA	05.0005405		04.04.0040	20.0	22.222				Yes	No	Yes N		
Α	CHEFA	06-0806186	000000000	04-24-2013	20,0	00,000	Constr	ruction proje	ect		X	×		×
Pai	rt II Proceeds			<u> </u>		· · · · ·				<u> </u>		1		
						A		E	3	C	ı		D	
1	Amount of bonds retired .					10,000	,000							
2	Amount of bonds legally def													
3	Total proceeds of issue .					20,000	,000							
4	Gross proceeds in reserve for													
5	Capitalized interest from pro													
6	Proceeds in refunding escro													
<u> 7</u>	Issuance costs from proceed					270	,526							
8	Credit enhancement from pr													
9	Working capital expenditure													
10	Capital expenditures from p					19,729	,474							
11	Other spent proceeds													
12	Other unspent proceeds .													
13	Year of substantial completi	On		• •	V			V	NI-	V	NI-			N-
	Were the bonds issued as p	art of a current refunding	ca.io.		Yes	No X		Yes	No	Yes	No	Ye	5	No
14	Were the bonds issued as p												-+	
15					.,	X							$-\!\!\!\!\!+\!\!\!\!\!\!-$	
16	Has the final allocation of pr				Х									
Does the organization maintain adequate books and records to support the final allocation of proceeds?					X									
Pai	rt Ⅲ Private Business									Ì				
						A		E		C			D	
1	Was the organization a part	ner in a nartnership or s	member of an IIC	which owned property	Yes	No		Yes	No	Yes	No	Ye	5	No
	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					Х								
2	Are there any lease arrange			Х	T									
property?						t No 50	193F				S	chedule K	Form 90	0) 2018

b

C

d

6

Part IV

b

C

Arbitrage

Page 2

D

Schedule K (Form 990) 2018

No

Yes

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside Χ counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed Х

Χ

Х

Χ

В

No

Yes

C

No

Yes

Χ

No

Χ

Χ

Α

Yes

Х

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Term of GIC

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

Yes

Yes No

Nο

Yes

Χ

Yes

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

No

Yes

Nο

Page 3

No

No

D

Yes

Schedule K (Form 990) 2018

Yes

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		▶Complete if the	organizati	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 3	o.	20	19)
		► Attach to Form	990.							
•	tment of the Treasury	▶Go to <u>www.irs.c</u>	ov/Form9	<u>90</u> for the latest informat	tion.			Open to		
	al Revenue Service of the organizat	lon				Emplo	ver ident	ification n		_
	niversity of Connecti					-	-			
	rt I Types	of Property				06-60	70722			
Fe	itti Types i	or Property		(1.)	(-)	Т		(4)		
			(a) Check if	(b) Number of contributions or	(c) Noncash contribution		Method	(d) I of determi	nına	
			applicable	items contributed	amounts reported on	1		ntribution a		s
					Form 990, Part VIII, line 1g					
1	Art—Works of art	t			-9					
2	Art—Historical tre	easures .								
3	Art—Fractional in	nterests								
4	Books and public									
5	Clothing and hou									
6	goods Cars and other v	ehicles				1				
7	Boats and planes									
8	Intellectual prope									
9	Securities—Public	cly traded .		88	3,112,112	2 Mark	et Value			
10	Securities—Close	ely held stock .								
11	Securities—Partr									
12	or trust interest Securities—Misce									
13	Qualified conserv									
13	contribution—Hi structures	istoric								
14	Qualified conserv									
1 =	contribution—Of					+				
	Real estate—Res					+				
17	Real estate Con									
18	Collectibles .									
19	Food inventory									
20	Drugs and medic	cal supplies .								
21	Taxidermy									
	Historical artifact									
	Scientific specim					-				
	Archeological art	ifacts		_	15.25	10-1	Device			
Even	Other ► (ts)			5	15,259	Sales	Price			
	Other ▶ (2	56,449	Sales	Price			
_	ces)					1				
27	Other • (,				-				
	Other • (<u> </u>			+	1			
29				ation during the tax year for 3, Part IV, Donee Acknowled		29				
		,		, ,	3				Yes	No
30a				y contribution any property i						
				e of the initial contribution, a		be use	ed for exer	mpt		
	purposes for the	e entire holding peri	od/				•	30a		No
Ь	If "Yes," describ	e the arrangement	ın Part II							
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the review	v of any nonstandard contri	bution:	5?	31	Yes	
32a				or related organizations to s	olicit, process, or sell nonca	sh			Ţ	
	contributions?				· · · · · · · · · · · · · · · · · · ·			32a		No
	If "Yes," describ									
33	_		amount in	column (c) for a type of pro	perty for which column (a)	ıs chec	ked,			
	describe in Part	II on Act Notice, see the								
FOR D	anorwork Doductie	on act Notice see the	Instruction	IS TOP FORM OOD	Cat No. 512271		Schoo	lule M (Form	ouns /	mig.

Schedule M (Form 990) (2018)								
Part II Supplemental Information.								
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete itional information.							
Return Reference	Explanation							
	Schedule M (Form 990) (2018)							

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SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional in ► Attach to Form 990 or 990-EZ.	fic questions on formation.	OMB No 1545-0047 2018 Open to Public Inspection
Inc	ৰূপাহ্বাতা Connecticut Foundation e O, Supplemental Information	Employer ident 06-6070722	ification number
Return Reference	Explanation		
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Equipment, Furniture, and Building Improver Connecticut Foundation, Inc receives gifts on behalf of donors restricted to the sof equipment and furniture purchases and building improvements. Generally the is made to the vendor directly by the University, with the Foundation then provide ant to the University to fund the expenditure after receiving appropriate documer ccasionally the Foundation will pay the vendor directly. The University of Connecting payment to the Foundation for fundraising and development expenses. The list is a fee for management of endowment funds held by the University.	support expenditure ing a gr ntation O cticut pro	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Explanation of Delegated Broad Authority to Committee	The Foundation Board has given the Executive Committee that consists of the Chair, the Chair of the Nominating and Board Governance Committee, the President of the Corporation, the President of the University, and three or more at-large Board members, full power and aut hority as the Board. The Executive Committee may meet and exercise all such powers and aut hority in the interim between the meetings of the Board. The Executive committee may not full Board vacancies, amend certificate of incorporation, adopt, amend, or repeal bylaws, a pprove a plan of merger, approve a sale, lease, exchange, or other disposition of all, or substantially all, of the property of a corporation, or approve a proposal to dissolve the Corporation.

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI, Line
11b Form
990 Review
Process

The Form is prepared by the Foundation and reviewed by management and the Foundation's Aud
it Committee The Form is provided to the entire Board before it is filed

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990,	Annually, the Foundation's Board members, officers, and employees are sent a copy of the F
Part VI, Line	oundation's Conflict of Interest questionnaire that they are required to complete and retu
12c	rn to the Foundation. The responses are then reviewed by the Foundation's in-house legal c
Explanation	ounsel, with any potential conflicts reviewed with the Nominating and Governance Committee

rn to the Foundation The responses are then reviewed by the Foundation's in-house legal c ounsel, with any potential conflicts reviewed with the Nominating and Governance Committee of the Board and the full Board as appropriate

In to the Foundation The responses are then reviewed by the Foundation's in-house legal c ounsel, with any potential conflicts reviewed with the Nominating and Governance Committee of the Board and the full Board as appropriate

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information Return Explanation Reference Form 990. See 15a Part VI, Line 15b Compensation Review and Approval Process for

Officers and Key Employees

Return Explanation
Reference

990 Schedule O, Supplemental Information

Available

Form 990,	The Foundation's financial statements and conflict of interest policy are posted on the Fo
Part VI, Line	undation's website The Foundation's Articles of Incorporation, IRS Determination Letter,
19 Other	and Bylaws are available upon request
Organization	
Documents	
Publicly	

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Other	Bad debt expense (pledge write-offs) = -\$1956905
Changes In	
Net Assets	
Or Fund	
Balances -	
Other	
Decreases	

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -										DLN: 93493	045015	210			
SCHEDULE R (Form 990)	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.													17			
Department of the Treasury Internal Revenue Service P Go to www.irs.gov/Form990 for instructions and the latest information.												Open to Public Inspection					
Name of the organization The University of Connecticut Foundation Inc									Employer identification number 06-6070722								
Part I Identification	of Disregarded E	ntities Complete ıf	the organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3	3.								
Name, address, and	(a) EIN (if applicable) of disre	egarded entity		(b) Primary a		Legal dom	c) nicile (state n country)	(d) Total inc	ome	(e) End-of-year as	ssets	(f Direct co ent	ntrolling				
Part II Identification of related tax-exen	of Related Tax-Ex npt organizations di		1s Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part IV	, line 34 be	cause	ıt had one or	more				
Name, address, an	(a) d EIN of related organızatı	on	Prim	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod		Public ch	(e) narity status n 501(c)(3))	Dir	(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled ty?			
													Tes	No			
For Paperwork Reduction Ac	t Notice, see the Inc	structions for Form S	190.		Ca	nt No 5013					Sch	edule R (Form	990) 20	18			

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controllin entity	(e) Predoming Income(rel unrelate excluded t tax und sections 5	ated, ted, from er	(f) Share of total income		(l Disprop alloca	rtionate	(i) Code V-l amount in 20 of Schedule (Form 10	box K-1	(j) Genera mana partn	alor Pe ging o	(k) ercentag ownershi
			Country		514)				Yes	No		-	Yes	No	
art IV Identification of Related Orgobecause it had one or more related one or more related to the control of t	ganizations Taxable as a C ated organizations treated as	orporation a corporation	or Trus on or tru	t Comple st during	ete if the org the tax yea	janiza ir.	ition ansv	wered "Yes	on Fo	orm 99	 90, Part	IV, I	line 3	34	
because it had one or more related Organization (a) Name, address, and EIN of related organization	ganizations Taxable as a C ated organizations treated as (b) Primary activity	a corporation	(c) Legal omicile or foreign	st during	ete if the org the tax yea (d) irect controlling entity	Type (C corp	(e)	wered "Yes (f) Share of total Income	Share	(g) of end- year assets	-of- P	IV, I (h) ercent) tage	Sect (13)	(I) tion 512I controll entity?
because it had one or more rela (a) Name, address, and EIN of related organization	ated organizations treated as (b)	a corporation	(c) Legal	st during	the tax yea (d) Irect controlling entity	Type (C corp	(e) of entity p, S corp,	(f) Share of total	Share	(g) of end- year	-of- P	(h) ercent) tage	Sect	tion 512(controll entity?
because it had one or more reli (a) Name, address, and EIN of related organization)Charitable Remainder Trust 6 90 Alumni Drive Unit 3206	ated organizations treated as (b) Primary activity	a corporation	(c) Legal Domicile Or foreign Dountry)	st during	the tax yea (d) Irect controlling entity	Type (C corp	(e) of entity p, S corp,	(f) Share of total	Share	(g) of end- year	-of- P	(h) ercent) tage	Sect (13)	tion 512i controll entity?
because it had one or more reli (a) Name, address, and EIN of related organization)Charitable Remainder Trust 6 90 Alumni Drive Unit 3206	ated organizations treated as (b) Primary activity	a corporation	(c) Legal Domicile Or foreign Dountry)	st during	the tax yea (d) Irect controlling entity	Type (C corp	(e) of entity p, S corp,	(f) Share of total	Share	(g) of end- year	-of- P	(h) ercent) tage	Sect (13)	tion 512i controll entity?
because it had one or more reli (a) Name, address, and EIN of related organization)Charitable Remainder Trust 6 90 Alumni Drive Unit 3206	ated organizations treated as (b) Primary activity	a corporation	(c) Legal Domicile Or foreign Dountry)	st during	the tax yea (d) Irect controlling entity	Type (C corp	(e) of entity p, S corp,	(f) Share of total	Share	(g) of end- year	-of- P	(h) ercent) tage	Sect (13)	tion 512i controll entity?
because it had one or more reli (a) Name, address, and EIN of related organization)Charitable Remainder Trust 6 90 Alumni Drive Unit 3206	ated organizations treated as (b) Primary activity	a corporation	(c) Legal Domicile Or foreign Dountry)	st during	the tax yea (d) Irect controlling entity	Type (C corp	(e) of entity p, S corp,	(f) Share of total	Share	(g) of end- year	-of- P	(h) ercent) tage	Sect (13)	tion 512i controll entity?
because it had one or more reli (a) Name, address, and EIN of related organization)Charitable Remainder Trust 6 90 Alumni Drive Unit 3206	ated organizations treated as (b) Primary activity	a corporation	(c) Legal Domicile Or foreign Dountry)	st during	the tax yea (d) Irect controlling entity	Type (C corp	(e) of entity p, S corp,	(f) Share of total	Share	(g) of end- year	-of- P	(h) ercent) tage	Sect (13)	tion 512i controll entity?
because it had one or more reli (a) Name, address, and EIN of related organization)Charitable Remainder Trust 6 90 Alumni Drive Unit 3206	ated organizations treated as (b) Primary activity	a corporation	(c) Legal Domicile Or foreign Dountry)	st during	the tax yea (d) Irect controlling entity	Type (C corp	(e) of entity p, S corp,	(f) Share of total	Share	(g) of end- year	-of- P	(h) ercent) tage	Sect (13)	tion 512i controll entity?
(a) Name, address, and EIN of	ated organizations treated as (b) Primary activity	a corporation	(c) Legal Domicile Or foreign Dountry)	st during	the tax yea (d) Irect controlling entity	Type (C corp	(e) of entity p, S corp,	(f) Share of total	Share	(g) of end- year	-of- P	(h) ercent) tage	Sect (13)	tion 512i controll entity?

Loans or loan guarantees by related organization(s) . .

No No

No

No

No

No

No

No

No

No

No

No

No

No No

No

No

1e

1g 1h

11

1m

1n

10

1q

1r 1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.							
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No				
h. Cift, grant, or capital contribution to volated organization(s)	16		No				

Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a
Gift, grant, or capital contribution to related organization(s)	1 b
Gift, grant, or capital contribution from related organization(s)	1a 1b 1c
Loans or loan guarantees to or for related organization(s)	1d

m Performance of services or membership or fundraising solicitations by related organization(s)
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

(a)

Name of related organization

(b)

Transaction

type (a-s)

(c)

Amount involved

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) (g) Share of total income assets		(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	n 99	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 Schedule R - Related Organizations While the mission of the Foundation is to support the University, under IRS instructions, the University does not meet the definition of a "related organization". The Foundation has nine ex-officio board members, six of whom serve by virtue of their position as a University employee. None of the six University employees are counted in determining quorum and none are entitled to vote on matters before the Board. No compensation is paid by the Foundation for their service as directors Schedule R (Form 990) 2018