(Rev January 2020)

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public. Open to Public

_	nal Revenu		► Go to www.irs.gov/Form990 fo				09	Inspection)
A			endar year, or tax year beginning C Name of organization University of Maryland	7/1/2019	, and end		0/2020	n marmak	
_	Check if a		C Name of organization University of Maryland Doing business as	College Park Fou	ndation Inc.	D Employe	r identification	ı number	
'	Address c	mange.	Number and street (or P O box if mail is not delivered	to street address)	Room/suite	 52-219731	3		
_]	Name cha	ange	4603 Calvert Road		T TOOM SOLES	E Telephon			
	nıtıal retu	rn	City or town	State	ZIP code	301-955-12	965		
$\overline{\neg}$	- Inal return/	Iteminated	College Park	MD	20740	301-933-12	203_		
=			Foreign country name Foreign province/s	state/county	Foreign postal co				
╝,	Amended	return				G Gross red	eipts \$	107,20	16,514
_],	Applicatio	n pending	F Name and address of principal officer		l l	(a) Is this a group return	for subordinates?	Yes [X No
			Jacqueline Lewis 4603 Calvert Road, Colleg	e Park, MD 207	10 H	I(b) Are all subordinat	es included?	Yes [No
ı	Tax-exen	npt status	X 501(c)(3) 501(c) () ◀ (insert no	o) 4947(a)(1)	or	If "No," attach a li	st (see instruc	tions)	
J_	Website:	· ww	v.umcpf.org		, , , , , ,	(c) Group exemption	number 🟲		
K	Form of c	organization	X Corporation Trust Association	Other ▶	L Year o	of formation 1999	M State of	f legal domicile	MD
P	art I	Sui	nmary			1000	l		
_	1		escribe the organization's mission or most sig	Inificant activities	To rece	eive, hold, invest	manage, u	ise.	
<u>0</u>		•	of and administer property of all kinds and to						
Activities & Governance		Universi	y of Maryland College Park, in support of its	mission, goals ai	nd programs.				
Ver	2	Check tl	is box ▶ if the organization discontinue	d its operations	or disposed of	more than 25%	of its net as	sets.	
ဗိ	3		of voting members of the governing body (Pa				3		55
مة س	4		of independent voting members of the govern				4		55
Ē	5		nber of individuals employed in calendar yea				5		0
₹	6	Total nu	nber of volunteers (estimate if necessary)				6		
Ą	7a	Total un	elated business revenue from Part VIII, colur	nn (C), line 12.			7a		0
	b	Net unre	lated business taxable income from Form 99	0-T, line 39	<u></u> .	· · · · ·	7b		0
					L	Prior Year		Current Year	
ě	8		tions and grants (Part VIII, line 1h)			121,929			<u> 8,555</u>
Revenue	9		service revenue (Part VIII, line 2g)				1,989	42	2,655
Š	10		ent income (Part VIII, column (A), lines 3, 4, a			18,85			8, <u>356</u>
•	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9			1,75			6,948
	12		enue—add lines 8 through 11 (must equal Part V			143,329		107,20	
	13		nd similar amounts paid (Part IX, column (A),		_	62,273		45,98	<u>7,931</u>
	14		paid to or for members (Part IX, column (A), I			0		0	
Expenses	15	-	other compensation, employee benefits (Part IX,		0		0		
ē	1		onal fundraising fees (Part IX, column (A), line		1005 (22) =		0		0
X	b 17	Other	draising expenses (Part IX, column (D), line 2	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	225,472	14.46	0.004	20.04	0.044
_	18	Total ev	penses Add lines 13_17 (must equal Partill	College (A) Tipe	ર્ગ્જ\ . ⊢	14,462	20,01		
	19	Revenue	draising expenses (Part IX, column (D), line a penses (Part IX, column (A), lines 11a–11d penses. Add lines 13–17 (must equal Particle less expenses. Subtract line 18 from line	COMMITTION, INTO	ીંં! ⊢	76,736 66,593		66,00 41,19	
P 8	 	71070110	isso experiese: substitute in the first in t	- V V 505/	1921	Beginning of Current		End of Year	0,733
anc	20	Total as	sets (Part X. line 16) 🔊 . M	ARU	<u> </u>	737,718		748,63	0.079
Ase d Ba	21	Total lia	ollities (Part X, line 26)	ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا	エンエ	23,161			0,862
Net Assets or Fund Balances	22	Net asse	ts or fund balances Subtract line 21 from line	PODEN.	····	714,556		730,50	
Рa	irt II	Sig	teless expenses. Subtract line 18 from line 22 sets (Part X, line 16)						
	er penaltie	es of perjur	, I declare that I have examined this return, including accor	npanying schedules a	nd statements, an				
ana	belier, it is	s true, corre	tt, and complete Declaration of preparer (other than officer) is based on all inton	nation of which pr		<u> </u>	2 1	
Sig	ın		Signature of officer		 -		3-20.	~ 1	
He	re		Cynthia Allen		CFO	Date			
			Type or print name and title						
		Prin		signature		Date		PTIN	
Pai	id			-		C	heck if		
	eparer	·				s	elf-employed	L	
	e Only	l _	s name 🕨			Firm's EIN			
_			s address 🕨			Phone no			
Ma	y the IR	S discus	this return with the preparer shown above? ((see instructions)				X Yes	No
For	Рареги	vork Red	action Act Notice, see the separate instruction	· · · · · · · · · · · · · · · · · · ·				Form 990	
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ervices (Describe on Sc	hedule O.)					
21,589,791 incl	uding grants	of \$	20,614,182	(Revenue \$	302,903)	
) (Expenses \$ PROVIDE SUPPORT TO ROVIDE SUPPORT) (Expenses \$ 13,210, PROVIDE SUPPORT TO THE UPKE RSITY OF MARYLAND COLLEGE F services (Describe on Schedule O.) 21,589,791 including grants) (Expenses \$ 13,210,019 including PROVIDE SUPPORT TO THE UPKEEP, REPAIR RSITY OF MARYLAND COLLEGE PARK Services (Describe on Schedule O.) 21,589,791 including grants of \$	SUPPORT - TO PROVIDE SUPPORT FOR ACTIVITIES CON IE INSTITUTION OVER THE LONG-TERM AS WELL AS SUPPORTS. (Expenses \$ 13,210,019 including grants of \$ PROVIDE SUPPORT TO THE UPKEEP, REPAIR, AND CONSTRITY OF MARYLAND COLLEGE PARK (Services (Describe on Schedule O.) 21,589,791 including grants of \$ 20,614,182	SUPPORT - TO PROVIDE SUPPORT FOR ACTIVITIES CONCERNED WITH ENFILE INSTITUTION OVER THE LONG-TERM AS WELL AS SUPPORT FOR COMMUNITIONS. (Expenses \$ 13,210,019 including grants of \$ 3,566,396) (FPROVIDE SUPPORT TO THE UPKEEP, REPAIR, AND CONSTRUCTION OF THE IRSITY OF MARYLAND COLLEGE PARK (BERVICES (Describe on Schedule O.) 21,589,791 including grants of \$ 20,614,182) (Revenue \$) (Expenses \$ 13,210,019 including grants of \$ 3,566,396) (Revenue \$ PROVIDE SUPPORT TO THE UPKEEP, REPAIR, AND CONSTRUCTION OF THE BUILDINGS AND GRSITY OF MARYLAND COLLEGE PARK

BP 52-2197318 Page 3

Part	Checklist of Required Schedules			
	In the assessment of described in eaching E01(a)(2) or 4047(a)(4) (athor) there a private foundation)? If "Vee "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	 x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	├	<u> </u>	İ
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt	١.,		
	negotiation services? If "Yes," complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	-
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			l
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	х	l
.	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	Ha		\vdash
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	x	ĺ
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	115		
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			ĺ
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	المما		
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	45		V
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		<u> </u>
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 '' 	^	
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	.	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	

Par	Checklist of Required Schedules (Continued)		,	
00	Did the appropriate and the second them CE 000 of grounds or other appropriate and to prefer demostra individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	l		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25	 ^	\vdash
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
D	ls 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		ŀ	
	990-EZ? If "Yes," complete Schedule L, Part I	25b	ŀ	×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	-33		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	Х
С	If"Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		 ^
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	330	-	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	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	×	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	16	<u> </u>	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	<u> </u>		
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country	<u> </u>		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		L
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	l		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand		-	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_ X_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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	15		X
	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?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			

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

<u> </u>	A One of Bull and Management of				بنا				
Sect	ion A. Governing Body and Management			Vac	l Na				
۸.	For the country of the constant of the constan	4- 55		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 55	4						
	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 on Schedule O.	•							
b	Enter the number of voting members included on line 1a, above, who are independent	1b 55							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with	l						
	any other officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under								
•	supervision of officers, directors, trustees, or key employees to a management company or other p		3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X				
4			5		x				
5									
6	Did the organization have members or stockholders?		6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or								
	one or more members of the governing body?		7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	,							
	stockholders, or persons other than the governing body?		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during							
	the year by the following:	•							
а	The governing body?		8a						
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r		<u> </u>						
•	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		×				
Saat	ion B. Policies (This Section B requests information about policies not required by the								
Seci	ion b. Policies (This Section B requests information about policies not required by the	internal Neverlue (JUUE.	Yes	No				
40	D. Liberton and the last of the section becomes as a #66-4-20		40-	res	<u> </u>				
	Did the organization have local chapters, branches, or affiliates?		10a		X				
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?.	11a	X					
b									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	X					
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	Х					
13	Did the organization have a written whistleblower policy?		13	Х					
14	Did the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and appro								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	-							
-	The organization's CEO, Executive Director, or top management official.		15a	—	X				
- a			15b		X				
b	Other officers or key employees of the organization		130		<u> </u>				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.								
	with a taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard							
	the organization's exempt status with respect to such arrangements?		16b						
Sect	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ See Attached Stater	nent							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990	.	501(c)						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	· ·	. (-)						
		plain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,								
	and financial statements available to the public during the tax year.	outility of interest po	, ,						
20	State the name, address, and telephone number of the person who possesses the organization's b	ooke and records	_						
LU	Cumbbin Allan	(204) DEE 426E							
	Cynthia Allen 4603 Calvert Road, College Park, MARYLAND 20740	(301) 955-1265							
	TOOU Calvert INDAU, COILEGE FAIR, MICHAEL ZOFAU								

Form 990 (2019)	University of Maryland College Park Foundation Inc.	52-2197313	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII	<u> _.</u> .						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	es						
1a Complete to organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with tax year	or within the						
 List all c 	of the organization's current officers, directors, trustees (whether individuals or organizations), regard	less of amount						

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

See instructions for the order in which to list the persons above.

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

. (A) . Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	than structure of the s	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JACKIE LEWIS	4.00			Ų					404.047	20 500
PRESIDENT (2) BERNADETTE MALDONADO	40.00 8.00	X		Х			\vdash		424,317	29,509
SECRETARY	40.00			Х					207,240	30,709
(3) JANICE MCMILLAN	36.00		\vdash	Ĥ	\vdash		\vdash		207,240	30,709
ASST CFO/TREASURER	40.00	ļ			x				71,704	4,988
(4) CYNTHIA ALLEN	12.00	<u> </u>	\vdash		Ĥ		H		71,704	4,500
VP/CFO/TREASURER	40.00			х					14,918	1,885
(5) PAUL S. MANDELL	1.00								,5	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
BOARD CHAIR	0.00	x	i .	х						
(6) CRAIG A THOMPSON, ESQ	1.00									
CHAIR - EXECUTIVE COMMITTEE	0.00	x		х						
(7) MARLENE K. FELDMAN	1 00									
CHAIR - ADVOCACY/GOVERNMENT	0.00	Х		Х						
(8) EMILIO A FERNANDEZ	1.00									
CHAIR - CAMPAIGN CABINET	0.00	Х		Х						
(9) V RAYMOND FERRARA	1.00									
IMMEDIATE PAST CHAIR	0.00	Х		Х						
(10) RICHARD FINKELSTEIN	1.00			ľ						
CHAIR - REAL ESTATE COMMITTEE	0.00	Х		Х						
(11) ERIC FRANCIS	1.00									
EXEC COMMITTEE AT LARGE	0.00	Х		Х						
(12) TIMOTHY F. MALONEY	1.00									
EXEC COMMITTEE AT LARGE	0.00	Х		Х						
(13) DR. RUCHI MEHTA	1.00									
CHAIR - BUDGET, AUDIT AND INVESTMENT COM		Х	Ш	Х			Щ			
(14) DANIEL I. MILLMAN	1.00									
EXEC COMMITTEE AT LARGE	0.00	Χ		Χ						

Baker Strategies

Part VII	Section A. Officers, Directors, Tru	ustees, Key Em	ploye	es,	and	d Hi	ghes	t C	ompensated Em	nployees (con	tinued)		
	(A) Name and title	(B) Average			Pos neck		than o		(D) Reportable	(E) Reportable	Esti	(F) mated am	nount
	hours per week (list any hours for related organizations below dotted line)	o or director	T	a Officer	Key employee	Highest compensated employee	ee) Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	() org	of other ompensate from the anization of organiz	on and	
(15) MS NIC	OLE POLLARD,ESQ	1.00											
	MITTEE ON TRUSTEES	0.00	X	L	Х	$ldsymbol{ld}}}}}}$							
	Y P. ABRAMS	1.00											
TRUSTEE		0.00	<u>X</u>	ļ									
(17) ARTHU TRUSTEE	R H. ADLER	1.00 0.00	x										
(18) SHARO	N L AKERS	1 00											
TRUSTEE		0.00	Х										
(19) JOHN A	LAHOUZOS	1.00								•			
TRUSTEE		0.00	X										
(20) WANDA	A. ALEXANDER	1.00											
TRUSTEE		0.00	X			L_							
(21) ALAN M	1. ALSHEIMER JR.	1.00					1						
TRUSTEE		0.00	X	ldash		Щ							
	ON M. ARRENDELL	1.00											
TRUSTEE		0.00	X			<u> </u>							
	TH BEDINGFIELD	1.00	۱.,										
TRUSTEE		0.00	X			Ш					+-		
(24) ALBER	I P. CAREY	1.00	,							E	1		
TRUSTEE	- CIABBI	0.00	X	H							+		
(25) MARK 1	CIARDI	1.00								•			
TRUSTEE		0.00		<u> </u>						710 17	_		001
1b Subtota	ıl							•	0	718,17	0	- 67	09 <u>1,</u> 0,
	dd lines 1b and 1c)								0	718,17		67	,091
	mber of individuals (including but not lii						recer	ved			31	- 0,	,031
	ole compensation from the organization		nou u		c, .	••••		•••	more than \$100	,,000 01			2
												Yes	No
3 Did the	organization list any former officer, dire	ctor, trustee, ke	y em	oloy	ee,	or h	ighes	st co	mpensated				
employe	ee on line 1a? If "Yes," complete Sched	ule J for such ind	dıvıdı	ıal .			· .				3		Х
•	individual listed on line 1a, is the sum o	•	•						•	<u>.</u>			
ine orga individua	•					com					4	Х	
_	person listed on line 1a receive or accr	•			•			_					V
	ces rendered to the organization? If "Yedependent Contractors	es, complete Sc	neau	ie J	tor	suc	n per	son	· · · · · · ·		5	ш	X
	te this table for your five highest compe	neated independ	lont o	ont	racti	ore	that r		wed more than	\$100.000 of			
•	sation from the organization. Report co	•								•	s tax ye	ar.	
	· (A) Name and business addi	ess							(B) Description of serv	vices	(C Comper		
Clark Constru	ction LLC 7500 Old Georg	etown Road Bet	thesd	a, N	1D 2	2081	14	Cor	nstruction			9,346	,549
Margrave Strategies 6421 Sundown Trail Columbia, MD 21044 Consulting									145,469				
RUFFALO NO		ES MOINES, IA							L-A-TERP CAL	L CTR	577,133		
Blackbaud	PO Box 930256	Atlanta, GA 311	193						nputer Software				.468

2508 Parkway Cheverly, MD 20785

more than \$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received

485,277

Consulting

Part VIII Statement of Revenue

		Check if Schedule O co	ntains	a respons	se or	note to any line ii	n this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
<u> </u>	1a	Federated campaigns	_		1a	0				0001010012 014
Contributions, Gifts, Grants and Other Similar Amounts	h	Membership dues			1b	86,741	1			
و ق		Fundraising events			1c	00,1.1				
Ą,	اً	Related organizations			1d	0				
	ءَ ا	Government grants (contrib			1e	0	١ ١			
S E	ř	All other contributions, gifts		•	-:-		1			
i S		similar amounts not include	-		1f	75,941,814				
혈촱	g	Noncash contributions inclu				70,041,014	1			
늘	9	lines 1a–1f			1g	\$ 3,701,292				
ပို့ န	h	Total. Add lines 1a-1f .					76,028,555			
		Total Add III to 1	• •	· · · · ·		Business Code	70,020,000			
ė	2a	Educational Programs					14,014	14,014		
ž «	. b	Sales and Suite Premiums					376,876	376,876		-
yram Sen Revenue	. ~	Journalism News Service					26,865	26,865		
E S	d	Courses and Conferences					4,900	4,900		
ara Re	۵					0	4,000			
Program Service Revenue	- F	All other program service re	Veni				0			
₾.	q	Total. Add lines 2a–2f.				•	422,655			
	3	Investment income (includir					422,000			
	"	other similar amounts).					5,740,618			
	4	Income from investment of				0,740,010				
	5		•			ceeus	0			_
		Noyanies	Royalties		(II) Personal	Š				
	6a	Gross rents			(,	1 '				
	b	Less: rental expenses .	6b	1,17	, 100		1			
	C	Rental income or (loss)	6c	1,171	153	0	1			
	q	Net rental income or (loss)					1,171,153			
		d Net rental income or (loss)		(II) Other	1,171,100					
		sales of assets		· · ·		· · · · · · · · · · · · · · · · · · ·				
		other than inventory	7a	23,677	7.738	0	•			
ē	ь	Less cost or other basis	<u> </u>	20,011	1, 00					
Revenue	_	and sales expenses	7b		0	0				
eve	c	Gain or (loss)	7c	23 677						
r R	ď						23,677,738			
Othe	8a	Gross income from fundrais		, .		· · · · · · · · · · · · · · · · · · ·				
ō		events (not including \$	Ü	0					!	
		of contributions reported on	line 1							
		See Part IV, line 18			8a	0				'
	b	Less direct expenses			8b	0				
	С	Net income or (loss) from fu	ındrai	sing even	ts	▶	0			
	9a	Gross income from gaming	activi	ties.						
		See Part IV, line 19			9a	0				
	b	Less direct expenses			9b	0				
	С	Net income or (loss) from g	amıng	activities			0			
	10a	Gross sales of inventory, le	ss							-
		returns and allowances			10a	0				
	b	Less ⁻ cost of goods sold.			10b	0				
	С	Net income or (loss) from sa					0			
က္က		, ,				Business Code				
Miscellaneous Revenue	11a	Non-Gift Revenue					165,795			
a zi	b						0			
celianeo Revenue	С						0			
<u>S</u> &	d	All other revenue			.		0			
Σ	е	Total. Add lines 11a-11d.		<u></u>	<u></u> '	. <u>.</u>	165,795			
	12	Total revenue. See instruct					107,206,514	422,655	0	0

Form 990 (2019) University of Maryland College Park Foundation Inc. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	ı).
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	Check if Schedule O contains a response or note to	to any line ın this Pa	rt IX	<u></u>	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	45,987,931	45,987,931		
2	Grants and other assistance to domestic			ŀ	
	ındıviduals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				•
	organizations, foreign governments, and foreign				
	ındıviduals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	İ		ļ	
	trustees, and key employees	0		. 0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees)				
а	Management	0			
b	Legal	198,257	4,972	193,285	·
С	Accounting	178,724	0	178,724	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17 [0		,	
f	Investment management fees	108,209		108,209	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)	3,595,694	2,715,560	880,134	
12	Advertising and promotion	2,315,387	2,060,060	255,327	
13	Office expenses	761,486	731,618	29,869	
14	Information technology	506,600	419,706	86,894	
15	Royalties	0			
16	Occupancy	171,887	123,806	48,081	
17	Travel	414,868	411,307	3,561	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	117,625	117,532	93	
20	Interest	163,178		163,178	
21	Payments to affiliates,	0	Ī		
22	Depreciation, depletion, and amortization [269,868	0	269,868	0
23	Insurance	113,811	13,567	100,244	
24	Other expenses. Itemize expenses not covered			·	,
	above (List miscellaneous expenses on line 24e. If				
	lino 24o amount exceeds 10% of line 25, column		İ		
	(A) amount, list line 24e expenses on Schedule O.)		!		
а	REPAIR/RENOVATION/BLDG MAINT	9,507,406	9,404,003	103,402	
b	REIMBURSEMENT TO UMCP	987,683		987,683	
С	EDUCATIONAL PROGRAMS	135,833	135,833		
d	BANK AND CREDIT CARD FEES	225,479	0	7	225,472
e	All other expenses	247,849	44,620	203,229	
25	Total functional expenses. Add lines 1 through 24e	66,007,775	62,170,515	3,611,788	225,472
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				
	following SOP 98-2 (ASC 958-720)				
					Form QQ0 (2010)

Pa	art X				
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	0	1	
	2	Savings and temporary cash investments	48,401,712	2	55,126,116
	3	Pledges and grants receivable, net	189,584,893	3	146,170,529
	4	Accounts receivable, net	67,162	4	21,442
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	. 0	6	
Assets	7	Notes and loans receivable, net	564,154	7	545,426
	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	100,972	9	68,609
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 32,019,251			
	ь	Less accumulated depreciation	31,681,435	10c	30,385,963
	11	Investments—publicly traded securities	38,597,608	11	39,905,567
	12	Investments—other securities. See Part IV, line 11	428,619,207	12	476,373,760
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	100,956	15	32,667
	16	Total assets. Add lines 1 through 15 (must equal line 33)	737,718,099	16	748,630,079
	17	Accounts payable and accrued expenses	6,842,302	17	627,644
	18 ·	Grants payable	0	18	
	19	Deferred revenue	1,186,032	19	926,816
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ab		controlled entity or family member of any of these persons	0	22	
J	23	Secured mortgages and notes payable to unrelated third parties	3,466,357	23	5,429,538
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	11,667,008		11,136,864
	26	Total liabilities. Add lines 17 through 25	23,161,699	26	18,120,862
es		Organizations that follow FASB ASC 958, check here ► X		•	
2		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	5,019,065	27	4,800,674
9	28	Net assets with donor restrictions	709,537,335	28	725,708,543
Š		Organizations that do not follow FASB ASC 958, check here ▶ 🗀			
Net Assets or Fund Balances		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds	0	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
As	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
e	32	Total net assets or fund balances	714,556,400		730,509,217
Z	33	Total liabilities and net assets/fund balances	737,718,099	33	748,630,079

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI			•	X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10	7,206	5,514		
2		2	6	6,007	7,775		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71	4,556	5,400		
5		5	-24,260,711				
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-98	5,211		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	73	0,509	,217		
Part							
	Check if Schedule O contains a response or note to any line in this Part XII			•			
	<u> </u>			Yes	No		
1	Accounting method used to prepare the Form 990.						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1		
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:		1]		
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both.						
	Separate basis Consolidated basis X Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	$\overline{\mathbf{x}}$			
	If the organization changed either its oversight process or selection process during the tax year, explain on		<u>-</u> -				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	•					
-	the Single Audit Act and OMB Circular A-133?		3a		X		
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 on Schedule O and describe any steps taken to undergo such audits		3ь				

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Jniv	ersi	ty of Maryland College Park Fou	indation Inc.				52-21	9/313				
Par	τI	Reason for Public Char	ity Status (All org	ganizations must co	mplete th	nis part.)	See instructions.					
The	orga	anization is not a private foundat	ion because it is (F	or lines 1 through 12,	check only	one box.)					
1	Ť	A church, convention of church	es, or association o	of churches described i	n section	170(b)(1)	(A)(i).	P/10				
2		A school described in section						1)Y				
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(b)(1)(A)(iii	i).	<u> </u>				
4		A medical research organization hospital's name, city, and state		inction with a hospital o	described	in section	170(b)(1)(A)(iii). En	iter the				
5	X	· · ·	e benefit of a colleg	ge or university owned	or operate	ed by a go	vernmental unit desc	oribed in	-			
6		A federal, state, or local govern	ment or governmer	ntal unit described in se	ection 170)(b)(1)(A)(v).					
7		An organization that normally redescribed in section 170(b)(1)			m a gove	rnmental ι	unit or from the gene	ral public				
8		A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II.)							
9		An agricultural research organi or university or a non-land-grar university:										
10		An organization that normally receipts from activities related to support from gross investment acquired by the organization af	to its exempt function income and unrelated	ons—subject to certain led business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its	-			
11		An organization organized and	operated exclusivel	ly to test for public safe	ety. See s e	ection 509)(a)(4).					
12		An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
a		Type I. A supporting organization(sorganization You must con	s) the power to regunder to regunder to regular to the power to regular to r	ılarly appoint or elect a tions A and B.	majority o	of the direc	ctors or trustees of th	ne supporting				
b	' I	Type II. A supporting organic control or management of the organization(s). You must of	ie supporting organi	ization vested in the sa								
С		Type III functionally integr						rated with,				
_		its supported organization(s										
d	l	Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organizat	tion generally must sati	isfy a distr	ibution red	quirement and an att					
e	ſ	Check this box if the organiz						e III				
Ī		functionally integrated, or Ty					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
f		Enter the number of supported	organizations)			
g		Provide the following information	n about the support	ed organization(s).					_			
	(1)	Name of supported organization	(ii) ElN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
A)									_			
									_			
B)												
C)						_			_			
D)									-			
E)									-			
									_			
ota					I	1	l ol)			

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	78,543,815	63,180,272	168,732,834	122,441,911	75,941,914	508,840,746
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3	78,543,815	63,180,272	168,732,834	122,441,911	75,941,914	508,840,746
	shown on line 11, column (f)						166,255,748
6	Public support. Subtract line 5 from line 4					<u> </u>	342,584,998
	ction B. Total Support		·	T			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4	78,543,815	63,180,272	168,732,834	122,441,911	75,941,914	508,840,746
	similar sources	11,258,038	29,864,040	15,999,076	20,441,217	30,589,509	108,151,880
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).						0
11	Total support. Add lines 7 through 10					<u> </u>	616,992,626
12	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here.		econd, third, fourth	, or fifth tax year as	s a section 501(c)(3)	▶□
Sac	tion C. Computation of Public Sup		100	•		· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2019 (line 6, co			<u> </u>		14	55.52%
15	Public support percentage from 2018 Schedu			•		15	85.92%
	33 1/3% support test—2019. If the organization qualifies as	ation did not check	the box on line 13,	and line 14 is 33 1	/3% or more, che		. X
	33 1/3% support test—2018. If the organization qualified box and stop here. The organization qualified the stop here.	es as a publicly sup	ported organization	n	•		.
1/a	10%-facts-and-circumstances test—2019 10% or more, and if the organization meets t Part VI how the organization meets the "facts organization	he "facts-and-circui	mstances" test, ch	eck this box and st	op here. Explain i	in .	▶□
b	10%-facts-and-circumstances test—2018 15 is 10% or more, and if the organization me Explain in Part VI how the organization meet supported organization.	eets the "facts-and-	circumstances" te	st, check this box a	nd stop here.		▶□
18	Private foundation. If the organization did n	not check a box on !	line 13, 16a, 16b, 1	7a, or 17b, check	this box and see		
	Instructions			.,			

19731	<u>з /</u>	Page	3
_	_		•

Sche	dule A (Form 990 or 990-EZ) 2019 University	of Maryland Col	<u>lege Park Founda</u>	tion Inc.		52-219731	3 / Page
Pa	t III Support Schedule for Org						/
	(Complete only if you check	ed the box on	line 10 of Part I	or if the organiz	zation failed to	qualify under Pa	yft II.
	If the organization fails to qu	ualify under the	tests listed belo	ow, please com	plete Part II.)		
Sed	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019 /	(f) Total
1						/	
	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					/	
2	organization's tax-exempt purpose					 / 	
3	Gross receipts from activities that are not an unrelated trade or business under section 513					/	(
	Tax revenues levied for the		· ·			 / 	
4				,		/	
	organization's benefit and either paid to					l/ l	,
_	or expended on its behalf		 			 	<u>.</u>
5	The value of services or facilities				/		
	furnished by a governmental unit to the						
_	organization without charge				/ 0	0	
6	Total. Add lines 1 through 5		_0	0	/	<u>'</u>	
7a	Amounts included on lines 1, 2, and 3				/	[,
	received from disqualified persons		<u> </u>		 		
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	<u> </u>			/		
	Add lines 7a and 7b	c	0	9/	0	0	
8	· · · · · · · · · · · · · · · · · · ·			/			,
0	line 6)	1					
	etion B. Total Support	(2) 2015	(b) 2016	(c) 2Ø17	(d) 2018	(e) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	† • • • • • • • • • • • • • • • • • • •	(6) 2917	(d) 2018		(I) Total
	Amounts from line 6		' 	/ "	- 0	U U	
ıva	Gross income from interest, dividends,						
	payments received on securities loans, rents,			/			,
	royalties, and income from similar sources		 	/			
þ	Unrelated business taxable income (less			/			
	section 511 taxes) from businesses		/	•			,
	acquired after June 30, 1975	<u> </u>	/				
	Add lines 10a and 10b	c	. / 0	0	0	0	
11	Net income from unrelated business					1	
	activities not included in line 10b, whether						
	or not the business is regularly carried on		/				
12	Other income. Do not include gain or						
	loss from the sale of capital assets		/				
	(Explain in Part VI)		/				
13	Total support. (Add lines 9, 10c, 11,			_	_		
	and 12)	C	0/0	0	0	0	(
14	First five years. If the Form 990 is for the o		second, third, fourth	n, or fifth tax year a	is a section 501(c)	(3)	, r
	organization, check this box and stop here	<i>_</i> _	· · ·	· · · ·	<u> </u>		· · •
	ction C. Computation of Public Su						
15	Public support percentage for 2019 (line 8, o			(f))		15	0.00%
16	Public support percentage from 2018 Sched					16	0.00%
	ction D. Computation of Investmen				- ,	147	0.000
17	Investment income percentage for 2019 (line	7		olumn (f))	•	17	0.00%
8	Investment income percentage from 2018 S					18	0.00%
Уа	33 1/3% support tests—2019. If the organ					and line 17 is	
	not more than 33 1/3%, check this box and	stop nere. The or	ganization qualities	as a publicly suppo	orteu organization		- L

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

20

Page 4

Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	Part v.	<u> </u>	_
Sect	ion A. All Supporting Organizations		1	I
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			.
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		<u> </u>	
	class or purpose, describe the designation If historic and continuing relationship, explain.	1	·	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			لـــــا
	organization was described in section 509(a)(1) or (2).	2	lacksquare	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	<u> </u>		
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	igsquare	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			لـــــا
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination		-	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		,	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	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	I—		
	was accomplished (such as by amendment to the organizing document)	5a		L
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			لــــا
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			ŀ
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			لــــــــــــــــــــــــــــــــــــــ
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			4
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	<u> </u>		لحجد
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		1
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	<u> </u>		
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	<u> </u>		
46	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	\vdash	-
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1	<u> </u>	
	supporting organizations)? If "Yes," answer 10b below.	10a	<u> </u>	 -
h	Did the organization have any excess husiness holdings in the tax year? (Use Schedule C. Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Page 5

Part	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		<u> </u>
b	A family member of a person described in (a) above?	11b		
C Sooti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
•	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			ŀ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			İ
	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		
Secti	on D. All Type III Supporting Organizations		Yes	No
4	Did the expenientian provide to each of its supported organizations, by the last day of the fifth month of the	· ——	162	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			ŀ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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	i		
	significant voice in the organization's investment policies and in directing the use of the organization's	ļ		
	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions	s).	
а	The organization satisfied the Activities Test, Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instruct	ions)	
•		ſ		No
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<u> </u>	162	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	the supported organization(s) to which the organization was responsive? If Fes, then in Fart Vildentity those supported organizations and explain how these activities directly furthered their exempt purposes,			İ
	how the organization was responsive to those supported organizations, and how the organization determined			İ
	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust	t on Nov. 20, 1970 (explain	ın Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	nizatio	ns must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		•
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			٠
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	•	
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1 1		
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6, Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	· 0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		-0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		•	
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional instructions).	lly integ	grated Type III supporting o	organization (see

Part	y Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continuea)					
Section	on D - Distributions				Current Year				
1	Amounts paid to supported organizations to accomplish ex	хe	mpt purposes						
2	Amounts paid to perform activity that directly furthers exen	np	t purposes of supported						
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpo	ose	es of supported organiza	ations					
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	6 Other distributions (describe in Part VI). See instructions.								
7	4								
8	Distributions to attentive supported organizations to which	th	ie organization is respor	nsive					
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2019 from Section C, line 6				(
10	Line 8 amount divided by line 9 amount	_			0 000				
8	Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6	_			(
2	Underdistributions, if any, for years prior to 2019								
	(reasonable cause required—explain in Part VI). See								
	instructions.	_							
3	Excess distributions carryover, if any, to 2019	4							
<u>a</u>		이							
b		이							
		이							
	1101112011111	이							
	From 2018	U							
f	Total of lines 3a through e	4	0						
g	Applied to underdistributions of prior years	4		0					
<u>h</u>	Applied to 2019 distributable amount	4							
<u> </u>	Carryover from 2014 not applied (see instructions)	\dashv							
	Remainder Subtract lines 3g, 3h, and 3ı from 3f.	+	0						
4	Distributions for 2019 from	اہ							
		익		0					
	Applied to underdistributions of prior years	\dashv		<u>.</u>					
<u>b</u>	Applied to 2019 distributable amount Remainder. Subtract lines 4a and 4b from 4.	\dashv	0						
<u>с</u> 5	Remaining underdistributions for years prior to 2019, if	┥	U						
J	any. Subtract lines 3g and 4a from line 2. For result	-							
	greater than zero, explain in Part VI . See instructions.	-		0					
6	Remaining underdistributions for 2019. Subtract lines 3h	┪							
~	and 4b from line 1. For result greater than zero, explain in	-	•						
	Part VI See instructions.	-			(
7	Excess distributions carryover to 2020. Add lines 3	+							
•	and 4c.		o	•					
8	Breakdown of line 7:	1							
a		n		, ,					
<u>_</u>	The state of the s	öl		·					
	· · · · · · · · · · · · · · · · · · ·	öl		1					
d		ŏ							
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Schedule A (F	orm 990 or 990-EZ) 2019	University of Maryla	and College Park	Foundation Inc.		52-2197313	Page 8
Part VI	III, line 12; Part IV, S	rmation. Provide the esection A, lines 1, 2, 3	b, 3c, 4b, 4c, 5a, 6	6, 9a, 9b, 9c, 11a,	11b, and 11c; Part I	V, Section	
		rt IV, Section C, line 1;					
		ine 1; Part V, Section				V, Section E,	
	lines 2, 5, and 6. Als	so complete this part for	or any additional li	ntormation. (See ii	nstructions.)		
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. (0)1

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization 52-2197313 University of Maryland College Park Foundation Inc. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . . . 3 Aggregate value of grants from (during year) . . . Aggregate value at end of year . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2b Number of conservation easements on a certified historic structure included in (a). Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. b Assets included in Form 990, Part X.

Part	III Organizations Maintaining Coll	ections of A	t, Histo	rical Tre	asures, or	Other	Similar Assets	(conti	nued)	,
3	Using the organization's acquisition, acces									
	collection items (check all that apply):			_			•			
а	X Public exhibition		d _	Loan or	exchange pr	ogram				
b	Scholarly research		e X	Other	Statue donat	ted by a	rtist			
С	Preservation for future generations			•						
4	Provide a description of the organization's	collections and	explain h	ow they fi	irther the ora:	anızatıcı	n's exempt purpos	se in Pa	art	
7	XIII.		САРІСІІТТ	OW WILL	aranor and orga	arrizatio:	no oxompt purpot			
5	During the year, did the organization solicit	or receive don	ations of	art histori	cal treasures.	or othe	r similar			
	assets to be sold to raise funds rather than							☐ Y	es 🗀	No
Part								<u> </u>	_=	<u></u>
ı art	Complete if the organization answ		n Form 9	990. Part	: IV. line 9. c	or repoi	ted an amount	on Fo	rm	
	990, Part X, line 21.				, , .				•••	
1a	Is the organization an agent, trustee, custo	dian or other in	termediar	v for cont	ributions or of	her ass	ets not			
	included on Form 990, Part X?							T Y	es 🗀	No
b	If "Yes," explain the arrangement in Part X						•			<u> </u>
							A	mount		
С	Beginning balance					1c				0
d	Additions during the year					1d				
e	Distributions during the year					<u>1e</u>				
f	Ending balance					1f	.1			0
2a	Did the organization include an amount on	Form 990, Part	X, line 2	1, for escr	ow or custodi	al accou	unt liability?	Y₀	es X	No
b	If "Yes," explain the arrangement in Part X	III. Check here	f the expl	anation ha	as been provi	ded on	Part XIII			
Part	V Endowment Funds.			,						
	Complete if the organization answ	vered "Yes" o	n Form 9	990, Part	IV, line 10.					
	(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	491,704,000		7,529,000	328,38	4,914	288,201,000	+	289,11	
b	Contributions	26,221,000	47	7,890,000	98,60	6,032	16,340,401		18,65	55,000
С	Net investment earnings, gains,									
	and losses	2,296,000		3,315,000		8,000	31,239,866			06,000
d	Grants or scholarships	10,761,000	1^	1,408,000	8,57	5,000	9,013,511		9,27	76,000
е	Other expenditures for facilities									
	and programs	5,504,000		5,622,000	5.01	4,032	3,382,842		4.00	38,000
١	Administrative expenses End of year balance	503,956,000		1,704,000			323,384,914		288,20	
g 2	Provide the estimated percentage of the cu						323,304,314		200,20	71,000
a	Board designated or quasi-endowment		2%	o 19, oc	, (a), (ic)	u uo.				
b	Permanent endowment	98%'	114		`					
c	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c sl	nould equal 100	%.							
3a	Are there endowment funds not in the poss	ession of the o	rganizatio	n that are	held and adr	nınistere	ed for the			
	organization by.						•		Yes	No
	(i) Unrelated organizations				. :			3a(i)		Х
	(ii) Related organizations							3a(ii)	Х	<u> </u>
b	If "Yes" on line 3a(ii), are the related organ							3b	Х	
4	Describe in Part XIII the intended uses of the		s endowr	ment funds	S	_				
Part						٠.			40	
	Complete if the organization answ	1		_			_			
	Description of property	(a) Cost or oth		1 ''	or other basis other)		Accumulated appreciation	- (d) B	ook valu	е
10	Land	(11463011	0	,,	12,300		55.00141011	-		2,300
1a b	Land		0		31,511,951		1,238,288			73,663
C,	Leasehold improvements		0		0		1,236,266		50,21	0,003
d	Equipment		0		0		0			0
e	Other		0		495,000		395,000		10	00,000
	Add lines 1a through 1e (Column (d) must			column (l					_	15 963°

52-2197313

Part VII Investments—Other Securities.			
Complete if the organization answered	"Yes" on Form 990,		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1) Financial derivatives	0		
(2) Closely held equity interests	3,850,000		-
(3) Other Endowment Investment Pool	444,003,287		
(A) Operating Fund Investment Pool	23,722,390		
(B) CGA/CRUT Investment Pool	4,798,083	F	
(C)			
(D)			
(E)		•	
<u>(F)</u>			
(G)			
(H)			····
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	476,373,760		
Part VIII Investments—Program Related.			
Complete if the organization answered '	"Yes" on Form 990,	Part IV, line 11c. See Form 99	90, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1)			
(2)		•	
(3)			
(4)	· ·		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)	0		
Part IX Other Assets.			
Complete if the organization answered	'Yes" on Form 990,	Part IV, line 11d. See Form 99	90, Part X, line 15.
(a) Descr		T	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			*****
(8)			***
(9)	- 10 11 -		
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 15)		0
Part X Other Liabilities.			
Complete if the organization answered	'Yes" on Form 990.	Part IV. line 11e or 11f. See F	orm 990, Part X.
line 25.		,	, . - ,
	tion of liability		(b) Book value
(1) Federal income taxes	<u> </u>		0
(2) Funds held for Others			9,185,008
(3) Annuities Payable			1,951,856
(4)			.,
(5)			
(6)	·		
(7)			····
(8)			
(9)		-	
Total. (Column (b) must equal Form 990, Part X, col. (B) II	ne 25)		11,136,864
2. Liability for uncertain tax positions. In Part XIII, provide the te		reanization's financial statements the	
organization's liability for uncertain tax positions in Fait XIII, provide the te			

	One will be it the annual matter annual and Illinois and Come OOO Dank				
	Complete if the organization answered "Yes" on Form 990, Part			1 4 1	94 060 504
1	Total revenue, gains, and other support per audited financial statements			1	81,960,591
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	05 045 000	l l	
а	Net unrealized gains (losses) on investments	2a	-25,245,923	4	
b	Donated services and use of facilities	2b		1	
C	Recoveries of prior year grants	2c		∤ 	
d	Other (Describe in Part XIII.)	2d			05 045 000
	Add lines 2a through 2d			2e	-25,245,923
3	Subtract line 2e from line 1	1 1		3	107,206,514
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	.		1 1	
a		4a		┨	
b	Other (Describe in Part XIII.)	4b		 	0
c	Add lines 4a and 4b			4c	0 000 544
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).			5	107,206,514
Part	Reconciliation of Expenses per Audited Financial Statement			Return.	
	Complete if the organization answered "Yes" on Form 990, Part		12a.	1 4 1	
1	Total expenses and losses per audited financial statements			1	66,007,775
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1			
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b	·	∤	
C	Other losses	2c		- I	
d	Other (Describe in Part XIII.)	2d		 _ 	0
	· · · · · · · · · · · · · · · · · · ·			2e	66 007 775
3	Subtract line 2e from line 1	i		3	66,007,775
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4-			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		1	
b	Add lines 4a and 4b			1-1-	0
C					
5				4c	
5 Post	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	66,007,775
Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information.			5	66,007,775
Part Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; P	art IV, lin	es 1b and 2b, Pa	t V, line	66,007,775
Part Provid 2, Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lin	es 1b and 2b, Pa	t V, line	66,007,775
Part Provid 2, Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; P	art IV, lin	es 1b and 2b, Pa additional inform	rt V, line ation.	66,007,775
Part Provid 2, Part Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Prt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro / Line 4 Endowment Funds are held and invested by the Foundation in order to g	Part IV, lin ovide any generate	es 1b and 2b, Pa additional inform	rt V, line ation.	66,007,775 4, Part X, line
Part Provid 2, Part Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lin ovide any generate	es 1b and 2b, Pa additional inform	rt V, line ation.	66,007,775 4, Part X, line
Part Provide 2, Part Part \	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pirt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide 4 Endowment Funds are held and invested by the Foundation in order to give used to support the educational and program goals of the University of Marylands.	Part IV, lin ovide any generate	es 1b and 2b, Pa additional inform	rt V, line ation.	66,007,775 4, Part X, line
Part Provide 2, Part Part \	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Prt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro / Line 4 Endowment Funds are held and invested by the Foundation in order to g	Part IV, lin ovide any generate	es 1b and 2b, Pa additional inform	rt V, line ation.	66,007,775 4, Part X, line
Part Provide 2, Part Part \	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pirt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide 4 Endowment Funds are held and invested by the Foundation in order to give used to support the educational and program goals of the University of Marylands.	Part IV, lin ovide any generate	es 1b and 2b, Pa additional inform	rt V, line ation.	66,007,775 4, Part X, line
Part Provide 2, Part Part \	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pirt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide 4 Endowment Funds are held and invested by the Foundation in order to give used to support the educational and program goals of the University of Marylands.	Part IV, lin ovide any generate	es 1b and 2b, Pa additional inform	rt V, line ation.	66,007,775 4, Part X, line
Part Provide 2, Part Part \	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pirt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide 4 Endowment Funds are held and invested by the Foundation in order to give used to support the educational and program goals of the University of Marylands.	Part IV, lin ovide any generate	es 1b and 2b, Pa additional inform	rt V, line ation.	66,007,775 4, Part X, line
Part Provide 2, Part Part \	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pirt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide 4 Endowment Funds are held and invested by the Foundation in order to give used to support the educational and program goals of the University of Marylands.	Part IV, lin ovide any generate	es 1b and 2b, Pa additional inform	rt V, line ation.	66,007,775 4, Part X, line
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Part Provide 2, Part Part \	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pirt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide 4 Endowment Funds are held and invested by the Foundation in order to give used to support the educational and program goals of the University of Marylands.	Part IV, lin ovide any generate	es 1b and 2b, Pa additional inform	rt V, line ation.	66,007,775 4, Part X, line
Part Provid 2, Part Part incom Colle	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pirt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide 4 Endowment Funds are held and invested by the Foundation in order to give used to support the educational and program goals of the University of Marylands.	Part IV, lin	es 1b and 2b, Pa additional inform	t V, line ation.	66,007,775 4, Part X, line
Part Provid 2, Part Part incom Colle	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pirt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide 4 Endowment Funds are held and invested by the Foundation in order to give used to support the educational and program goals of the University of Marylange Park	Part IV, lin	es 1b and 2b, Pa additional inform	t V, line ation.	66,007,775 4, Part X, line
Part Provid 2, Part Part incom Colle	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pirt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide 4 Endowment Funds are held and invested by the Foundation in order to give used to support the educational and program goals of the University of Marylange Park	Part IV, lin	es 1b and 2b, Pa additional inform	t V, line ation.	66,007,775 4, Part X, line
Part Provid 2, Part Part incom Colle	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pirt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide 4 Endowment Funds are held and invested by the Foundation in order to give used to support the educational and program goals of the University of Marylange Park	Part IV, lin	es 1b and 2b, Pa additional inform	t V, line ation.	66,007,775 4, Part X, line
Part Provid 2, Part Part incom Colle	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pirt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide 4 Endowment Funds are held and invested by the Foundation in order to give used to support the educational and program goals of the University of Marylange Park	Part IV, lin	es 1b and 2b, Pa additional inform	t V, line ation.	66,007,775 4, Part X, line
Part Provid 2, Part Part incom Colle	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pirt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide 4 Endowment Funds are held and invested by the Foundation in order to give used to support the educational and program goals of the University of Marylange Park	Part IV, lin	es 1b and 2b, Pa additional inform	t V, line ation.	66,007,775 4, Part X, line
Part Provid 2, Part Part incom Colle	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pirt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide 4 Endowment Funds are held and invested by the Foundation in order to give used to support the educational and program goals of the University of Marylange Park	Part IV, lin	es 1b and 2b, Pa additional inform	t V, line ation.	66,007,775 4, Part X, line
Part Provid 2, Part Part incom Colle	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pirt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide 4 Endowment Funds are held and invested by the Foundation in order to give used to support the educational and program goals of the University of Marylange Park	Part IV, lin	es 1b and 2b, Pa additional inform	t V, line ation.	66,007,775 4, Part X, line
Part Provid 2, Part Part incom Colle	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pirt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide 4 Endowment Funds are held and invested by the Foundation in order to give used to support the educational and program goals of the University of Marylange Park	rart IV, Iin vide any ienerate nd	es 1b and 2b, Pa additional inform	t V, line ation.	66,007,775 4, Part X, line

Schedule D (Fo	rm 990) 2019	University of Maryland College Park Foundation Inc.	<u>52-2197313</u>	Page 5
Part XIII	Suppleme	ental Information (continued)		
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Internal Revenue Service Employer identification number Name of the organization 52-2197313 University of Maryland College Park Foundation Inc. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e X Solicitation of non-government grants а X Solicitation of government grants b X Internet and email solicitations Special fundraising events |x| Phone solicitations C X In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) fundraiser listed in or entity (fundraiser) from activity contributions? organization col (i) Yes No 1 Ruffalo, Noel, Levitz Terp Call Center P.O Box 718 Des Moines IA 50303 Х 562,592 0 2 Washburn & McGoldrick Inc. **Fundraising** Counsel 0 0 24 N Bryn Mawr Rd Suite 252 College Parl Х 24,789 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 10 0 587,381 0 Total. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AK, AL, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ , NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, WA, WI, WV

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through col (c)) (total number) (event type) (event type) Revenue 0 0 Gross receipts 0 2 Less: Contributions . . . Gross income (line 1 minus O 0 line 2) 0 0 Cash prizes 0 0 Noncash prizes Direct Expenses Rent/facility costs Food and beverages 0 0 0 Entertainment . . . Other direct expenses . . 0) Direct expense summary Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add col (a) through col (c)) Revenue (b) Pull tabs/instant (a) Bingo (c) Other gaming bingo/progressive bingo Gross revenue. 0 Direct Expenses 0 Cash prizes . . 0 Noncash prizes 3 Rent/facility costs Other direct expenses Yes Yes Yes % Volunteer labor . . 0) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities. 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . If "Yes," explain:

Scheau	dule G (Form 990 or 990-E2) 2019 University of Maryland College Park Foundation Inc.	2-219/313	3 Page	<u> </u>
11	Does the organization conduct gaming activities with nonmembers?	Yes	X No	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	X No	
13	Indicate the percentage of gaming activity conducted in.			
а			9	_
b		<u>' </u>		0
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name ▶			-
	Address ▶	· 		-
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No	
b			_	
	amount of gaming revenue retained by the third party ► \$0			
С	If "Yes," enter name and address of the third party:		•	
	Name ▶			-
	Address ▶			-
16	Gaming manager information:			
	Name ▶		· · · · · · · · · · · · · · · · · · ·	-
	Gaming manager compensation ► \$0			
	Description of services provided			-
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а			·	
	retain the state gaming license?	∐ Yes	∐ No	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$\$\$		(כ
Part		and (v):		<u>'</u>
· art	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info			
	See instructions.			
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" on

▶ Attach to Form 990.

1 Form 990, Part IV, line 21 or 22.		
<u> </u>	rm 990, Part IV, line 21 or 22.	
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OMB No 1545-0047

Open to Public Inspection Employer identification number

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

52-2197313

Jniv	University of Maryland College Park Foundation Inc.	52-2197313	13
Pai	Part I General Information on Grants and Assistance		
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tance, and	[
	the selection criteria used to award the grants or assistance?	×	Yes No
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	•	
Par	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	tion answered "Yes	" on Form

990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(a)	(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 Maryland College Par 2119 Main Administration Building Col	52-6002033	170(c)(1)	45,987,931	0	FMV		Scholarships Fellowships
(2)		-					
(3)							
(4)							
(5)							
(9)							
(<i>u</i>)							
(8)							
(6)							
(10)							
(11)							
(12)							
	า 501(c)(3) and g	overnment organiza	tions listed in the line 1	table			-
s Enter total number of other organizations listed in the Trade	organizations liste	d in the line I table					

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	omestic Individual Space is needed	als. Complete if the	organization answe	ered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(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
-						•
2						,
8						
4						•
2						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other additi	onal information.
Part I Line	Part I Line 2 The University of Maryland College Park awards scholarships per review by scholarship committee in the individual	awards scholarships	per review by scholar	ship committee in the	ndividual	
schools, o	schools, colleges and the office of Student Financial Aid. The committees apply criteria in each gift agreement and make scholarship	id. The committees a	pply criteria in each g	ift agreement and mak	e scholarship	
award dec	award decisions based on the qualifications of the candidate and/or	didate and/or financi	al need. The university	financial need. The university pays for the awards based on the	ased on the	
award lette	award letter. The appropriate paperwork is then provided to the Fou	ed to the Foundation	to process a reimbur	Indation to process a reimbursement to the university for the	y for the	
scholarshi	scholarship awarded. Other University of Maryland College Park expenses (salary, benefits, operating expenses, etc.) are paid through	llege Park expenses	(salary, benefits, oper	ating expenses, etc.)	are paid through	
the univer	the university accounting system and remimbursed by the foundation open submission of the appropriate documentation.	the foundation open	submission of the app	propriate documentation	Ċ.	
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SCHEDULE J (Form 990)

Department of the Treasury

University of Maryland College Park Foundation Inc.

Internal Revenue Service

Name of the organization

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

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

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

OMB No 1545-0047

2019

Open to Public Inspection

52-2197313

Par	Questions Regarding Compensation		;	Yes	No
1a		ovided any of the following to or for a person listed on Form provide any relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	X Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the or or reimbursement or provision of all of the expenses explain	described above? If "No," complete Part III to	1b	X	
2	Did the organization require substantiation prior to re directors, trustees, and officers, including the CEO/E 1a?	xecutive Director, regarding the items checked on line	2	x	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director. Check all that related organization to establish compensation of the	it apply. Do not check any boxes for methods used by a			
	Compensation committee	Written employment contract	-		
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			i
4	During the year, did any person listed on Form 990, I organization or a related organization.	•			
а		payment?	4a 4b		X
b		ntal nonqualified retirement plan?	4c		X
·	If "Yes" to any of lines 4a–c, list the persons and prov				
5 a b	•		5a 5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of				
a			6a		X
b	Any related organization?		6b		X
7	For persons listed on Form 990, Part VII, Section A,				
8	Were any amounts reported on Form 990, Part VII, p	escribe in Part III	7		X
	to the initial contract exception described in Regulation Part III	ons section 53.4958-4(a)(3)? If "Yes," describe	8		х
9	If "Yes" on line 8, did the organization also follow the Regulations section 53.4958-6(c)?	rebuttable presumption procedure described in	9		

Schedule J (Form 990) 2019

52-2197313

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

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

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

Note: The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990. Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual view of the total amount of Form 990. Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual view of the total amount of Form 990. Part VIII, Section A, line 1a, applicable column (D) and (E) amounts for that individual view of the total amount of Form 990. Part VIII section A, line 1a, applicable column (D) and (E) amounts for that individual view of the total amount of Form 990. Part VIII section A, line 1a, applicable column (D) and (E) amounts for the total amount of Form 990. Part VIII section A, line 1a, applicable column (D) and (E) amounts for the total amount of Form 990. Part VIII section A, line 1a, applicable column (D) and (E) amounts for the total amount of Form 990. Part VIII section A, line 1a, applicable column (D) and (E) amount of E) amount of E) and (E) amount of E) amount of E) and (E) amount of E)	n listed	individual must equal t	he total amount of Fo	ırm 990, Part VII, Seci	ion A, line 1a, applica	ple column (D) and (I	E) amounts for that in	dividual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nonfaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(G)-(I)(g)	as deferred on prior
JACKIE LEWIS	8						0	
1 PRESIDENT	: €			424,317	20,685	8,824	453,826	
BERNADETTE MALDONADO	ε						0	
2 SECRETARY	(<u>ii</u>)			207,240	15,076	15,632	237,948	
	(E)							-
3	(ii)							
	(i)							
	(ii)		•					
	ε							
5	(ii)							
	(1)							
9	(ii)			·				
	(1)							
7	(ii)							
	Θ					11 11 11 11 11 11 11 11 11 11 11 11 11		
88	(ii)						,	
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	Θ							
11	<u>(ii</u>							
	ε							8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
12	<u>(ii</u>							
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14	<u>(E</u>)							
	€		1					
15	€							
	€							
16								

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 University of Maryland College Park Foundation Inc. Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part	52-2197313 Page 3
for any additional information. Part I Line 1 The Foundation Officers are employees of the University of Maryland College Park and the Foundation reimburses the	
University for their salary and benefits	
Part I Line 1a The President of the Foundation is provided a budgeted amount annually to use for discretionary expenses related to	,
fundraising and general administration not covered by budgeted funds	
Part I Line 3 The Foundation president and Top officer salaries are determined by the Universities Human resources as the	
Offficers are university employees and therefore follow personnel rules of the State of Maryland including hiring and salary	
establishment and review	
•	
-	
-	
	Schedule J (Form 990) 2019

· SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Employer identification number

Unive	ersity of Maryland College Park Fou	ndation inc.		52-21973	<u> </u>			
Par	t I Types of Property			<u> </u>				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	X	154	3,701,292				
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation						_	
	contribution—Historic							
	structures	}						
14	Qualified conservation		- 					
	contribution—Other				<u> </u>			
·15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens		1					
24	Archeological artifacts							
25	Other ▶ ()							
26	Other ► ()							
27	Other ► (·)		<u></u>		L			
28	Other ► (<u>[</u>]						
29	Number of Forms 8283 received b	y the organ	ization during the tax year fo	or contributions for				
	which the organization completed	Form 8283,	Part IV, Donee Acknowledg	gement	29			
							Yes	No
30a	During the year, did the organization	on receive b	y contribution any property	reported in Part I, lines 1 thre	ough			
	28, that it must hold for at least three	ee years fro	m the date of the initial con	tribution, and which isn't requ	ured			
	to be used for exempt purposes fo	r the entire	holding period?			30a		Х
b	If "Yes," describe the arrangement	in Part II						
31	Does the organization have a gift a	acceptance	policy that requires the revie	ew of any nonstandard	1			
	contributions?					31	X	-
32a	Does the organization hire or use t	third parties	or related organizations to	solicit, process, or sell				
	noncash contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of prope	erty for which column (a) is				
	checked describe in Part II			. ,				

Schedule M (F	Form 990) 2019 University of Maryland College Park Foundation Inc.	52-2197313	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and the organization is reporting in Part I, column (b), the number of contributions, the number or a combination of both. Also complete this part for any additional information.	d 33, and whe of items rece	ether ived,
Bort Lluno	9b Reflects numbers of individual security contributions received during the		
Part I Line	9b Reflects numbers of individual security contributions received during the		
fiscal year			
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 (0)**19** Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization University of Maryland College Park Foundation Inc. 52-2197313 Form 990, Part III, Line 4d Program Service Expenses. 21,589,791, Grants and allocations 20,614,182, Revenue. 302,903 (DESCRIBE IN SCHEDULE O) Form 990, Part III, Line 4d. Athletics - Program service expenses \$4,511,361.71: Grants and allocations \$3,980,122.11: Revenue \$280,605.30 Athletics - To provide support for the operation of athletic programs and athletic related student activities at the University of Maryland College Park. Form 990, Part III, Line 4d: Student Support - Program service expenses \$2,436,096.45: Grants and allocations \$2,289,041.03 Revenue \$20,480.00 Student Support - To provide support to students and student activities at the University of Maryland College Park Form 990, Part III, Line 4d Scholarship/Fellowship Support - Program service expenses \$12,646,019.28. Grants and allocations \$12,564,427.88. Revenue \$1,817.25 Scholarship/Fellowship - To provide support for outright scholarships and fellowships to studens and fellows selected by the University of Maryland College Park Form 990, Part III, Line 4d Research Support - Program service expenses \$1,736,515.46 Grants and allocations \$ 1,736,515.46. Revenue \$0 Research Support - To provide support for research activities and research facilities at the University of Maryland College Park. Form 990, Part III, Line 4d Public Service - Program service expenses \$259,798.54: Grants and allocations \$205,833.07 Revenue \$0 Public Service Support - To provide support for activities that are mutually beneficial to the University of Maryland College Park and individuals and groups external to the institutioon including community service programs Form 990, Part XI, Line 9: Change in value of split interest trusts (\$985,211.14) Form 990, Part VI, Line 11b: The process to review the IRS form 990 is as follows: The Foundation staff prepares the tax return and submits it to Cynthia Allen - Foundation CFO and an officer of the Foundation. Cynthia Allen will then review and approve of the tax return. She will then submit it to the Board of Directors via a secure portal for review for a weeks

time and any questions are immediately addresses. After acceptance by the Board, the tax

Schedule O (Form 990 or 990-EZ) (2019)	Page Z
Name of the organization University of Maryland College Park Foundation Inc	Employer identification number 52-2197313
•	
return is then signed by the CFO and submitted to the IRS.	
Form 990, Part VI, Line 19 The Foundation makes its governing documents, conflict of interest	·····
policy, and financial statements available to the public by publishing these documents to the	·
organizations' website UMCPF ORG	
Form 990, Part VI, Line 12c The Foundation monitors compliance with its conflict of interest	
policy by requiring Trustees, Officers and employees of the Foundation to annually prepare a	
Disclosure form. These forms are reviewed for any disclosed conflicts and trustees must recuse	
themselves from any matters that come before the Board that may representr a conflict.	
Form 990, Part VI, Line 15 a and 15 b. The Foundation president and Top officer salaries are	
determined by the Universities Human resources as the Officers are university employees and	
therefore follow personnel rules of the State of Maryland including hiring and salary	
establishment and review.	
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SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization

University of Maryland College Park Foundation Inc

Related Organizations and Unrelated Partnerships

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

Go to www.irs.gov/Form990 for instructions and the latest information. Attach to Form 990

Employer identification number

Open to Public

OMB No 1545-0047

52-2197313

(g)
Section 512(b)(13)
controlled
entity? 30,637,585 University of Maryla Schedule R (Form 990) 2019 Ŷ Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Yes entity ε × (f)
Direct controlling entity Not Applicable (e) End-of-year assets (e)
Public chanty status
(if section 501(c)(3)) **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33. 1,147,408 (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 170(c)(1) Legal domicile (state or foreign country) ₽ Primary activity ð Real Estate one or more related tax-exempt organizations during the tax year Primary activity (1) The University of Maryland College Park 52-600203 52-6002033 Education For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (1) Terrapin Development Corporation LLC 82-1381093 4423 Lehigh Road Suite 402 College Park, MD 20740 Name, address, and EIN of related organization 2119 Main Admin Bldg College Park, MD 20742 Part I Part II (2) <u>(5)</u> 3 € 9 3 <u>ල</u> € 3 9 5

Schedule R (Form 990) 2019

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 52-2197313

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total Share of total Share of total	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or 0 managing 1 partner?	(k) Percentage ownership	
								Yes No	0	Yes No		
(1)	•		,						•			ı
(2)												1
(6)												1
(4)												1
(9)												1
(9)											_	1
(7)												1
Part IV Identification of I	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answ IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ons Taxable e related org	as a Corpora	ntion or Tra	ust. Comple	ete if the o	organizatio ring the ta	n answe x year.	as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part anizations treated as a corporation or trust during the tax year.	orm 990, F	art	1
(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)) omicile ign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	entity Sh.	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	1 _ 1
							1				Yes No	1 1
(1)					•					<u>.</u>		
(2)									_			1
(3)												1
(4)												1
(5)												1
(9)												1
(I)												1
									Sch	Schedule R (Form 990) 2019	rm 990) 201	lo

52-2197313

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			•	Λ.	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?	or more related organ	izations listed in Parts I	I-IV?			
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity.		•		1a	_	×
b Gift, grant, or capital contribution to related organization(s)			•	1b	×	
e Giff grant or capital contribution from related organization(s)	•			10		×
		· · · · · · · · · · · · · · · · · · ·		2 3	\dagger	; >
d Loans or loan guarantees to or for related organization(s).				<u> </u>	†	<
e Loans or loan guarantees by related organization(s)				1e	_	×
f Dividends from related organization(s)				11		×
a Sala of assate to related organization(s)				10		×
	· · · ·			n 4	\dagger	: >
				=	†	< -
i Exchange of assets with related organization(s)				=	7	\times
j Lease of facilities, equipment, or other assets to related organization(s).				į	×	
k Lease of facilities, equipment, or other assets from related organization(s)		•		¥		×
1 Performance of services or membership or fundraising solicitations for related organization(s)				=		×
m Performance of services or membership or fundraising solicitations by related organization(s)			•	13		×
		•		-	T	×
				<u> </u>	† ;	
o Sharing of paid employees with related organization(s).				9	×	
					1	
p Reimbursement paid to related organization(s) for expenses				1p	×	
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				1-		×
				15	_	×
1	ulour anil sitte that	Iding covered relationsh	and francaction	threshol	4	
		To the first of th				
(a) Name of related organization	(b) Transaction	(c) Amount involved	(a) Method of determining amount involved	(a) ning amount	involve	2
	type (a—s))		
	:		FMV			
(1) The University of Maryland College Park	q	45,987,931				
			FMV			
(2) The University of Maryland College Park	j	1,171,153				
			FMV			
(3) The University of Maryland College Park	0	987,683				
	,		FMV			
(4) The University of Maryland College Park	О	14,023,748				
(5)						
(9)						
(a)			1.4.0	į	1000	
			Scheduic	Schedule R (Form 990) 2019	1 990)	8L07

52-2197313

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.

(a) Name address and EIN of entity	(b)		(b)	(e)		(g) Share of	(h)			(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under sections 512-514)	section section 501(c)(3) organizations?	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
				Yes No	T		Yes No	1	Yes No	
(1)										
(2)										
(3)										
(4)										
(5)									-	
(9)						,				
(7)								,	<u>-</u>	
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(6)										
<u>(10)</u>	<u> </u>									
(11)										
(12)										
(13)		•								
(14)				-						
(15)										
(16)			•							
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Schedule R (Form 990) 2019

Schedule R (For	rm 990) 2019	University of Maryland College Park Foundation Inc.	52-2197313	Page 5
	Supplem	ental Information		
Part VII		dditional information for responses to questions on Schedule R. See in	nstructions.	
 .	1 TOVIGE A	dational information for responded to queetiens on concedito the con-		
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