Form **990**

Return of Organization Exempt From Income Tax

2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For the 20	12 calenc	lar year, or tax year beginn	ing 7/01	, 201	2, and endin	g 6/3			2013	
	Check if appl		C					D Employe	er Identif	ication Number	
	r	change	The University o	f Connectic	ıt Foundati	on		06-6	5070	722	
		-	, Inc.					E Telepho			
	Name cl	-	2390 Alumni Driv	e #3206				(860)) 48	36-5000	
	Initial re		Storrs, CT 06269					(00)	- / - `		
	Termina							G Gross re	oceinte d	71,358,63	33
		d return		1 F7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X 773-		H(a) Is this	a group retur			X No
	Applicat	ion pending	F Name and address of principa	officer: Kevin	A. Edwards		1			}	No
			Same As C Above		1 140474 341	1 1 507	If 'No,	affiliates incl attach a list.	(see ins	tructions)	
1	Tax-exem		X 501(c)(3) 501(c) () ◀ (insert no	.) 4947(a)(1)	or 527	_				
J	Website	::► WW	w.foundation.uco					exemption nu			
K	Form of or	ganization:	X Corporation Trust	Association Othe	er P	L Year of Forma	ation: 196	4 Wis	tate of le	egal domicile: CT	
Pa	ant J	Summar	У								
	1 Brie	fly descri	be the organization's missi	on or most signific	ant activities:	The Univ	<u>rersity</u>	_of_co	nnec	ticut	
d)	Fo	undati	on, Inc. mission	<u>is to solic</u>	<u>lit, receiv</u>	<u>e, inve</u>	<u>st and</u>	admini	<u>ster</u>	<u>gitts and</u>	
Governance	fi	nancia	l resources from	<u>private so</u> u	<u>irces_tor_t</u>	he bene	<u> </u>	all ca	mpus	ses_and	
Ĕ	pr	ograms	of the Universi	ty of Connec	<u>ticut</u> _			0/ -5 11			
8	2 Che	ck this bo	if the organizatio	n discontinued its (operations or dis	posea or mo	re than 20	170 OI ILS 110	3	:15,	47
G	3 Nun	nber of vo	oting members of the gover dependent voting members	ning body (Part Vi	, illie (d) hody (Part VI Jir	e 1h)			4		46
SS	4 Nun	nber of ill	of individuals employed in	on the governing : calendar vear 201	2 (Part Viline 2	a)			5		1 <u>5</u> 8
ij.	5 Tota	ai numbei al numbei	of volunteers (estimate if	necessarv)			,,,,,,,,,	, , ,	6		104
Activities &	7 a Tota	al unrelati	ed business revenue from I	Part VIII, column (C), line 12		.,	, . ,	7 a	-250,7	
<	h Net	unrelated	business taxable income	from Form 990-T.	ine 34				7 b	-323,7	73.
	Divoc	- annoideor	4 5 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					rior Year		Current Year	
	8 Cor	ntributions	and grants (Part VIII, line	1h)		. ,	39	9,505,2	200.	44,574,1	76.
9	9 Pro	aram ser	vice revenue (Part VIII, line	20)				3,704,3		8,713,4	74.
le J	10 Inve	estment ir	ncome (Part VIII, column (/	A), lines 3, 4, and 7	7d)			2,276,3		17,516,0	143.
Revenue	11 Oth	er revent	ie (Part VIII, column (A), lii	nes 5, 6d, 8c, 9c, 1	0c, and 11e)			-138,8		-150,6	39.
	12 Tot	al revenu	e - add lines 8 through 11	(must equal Part \	/III, column (A),	line 12)	60	347,0		70,653,0	154.
	13 Gra	nts and s	imilar amounts paid (Part I	X, column (A), line	s 1-3)	, ,	28	3,986,7	706.	33,415,4	10.
			I to or for members (Part I)								
	15 Sal	aries oth	er compensation, employe	e benefits (Part IX	. column (A), line	s 5-10)	10	0,359,3	344.	10,866,2	18.
9	15 Da		fundraising fees (Part IX,				636,1				
Expenses	Iba mo						H28254484848484				
ă	. b Tot		sing expenses (Part IX, co			733,911.		- 006	0 100 (~ 1 1	
ш	17 Ott	er expen	ses (Part IX, column (A), li	nes 11a-11d, 11t-2	4e)		- 1	5,906,9		8,100,6	
			es. Add lines 13-17 (must					5,891,4		53,018,4	
	19 Re	venue les	s expenses. Subtract line 1	8 from line 12				4,455,5		17,634,6	
Net Assets or	2							ng of Currer		End of Year	
39et	20 Tot		(Part X, line 16)					8,575,9		458,795,5	
¥.	21 Tot		es (Part X, line 26)					4,635,6		45,325,9	
žį	22 Ne	t assets o	r fund balances. Subtract l	ine 21 from line 20		,	38.	3,940,2	290.	413,469,5	<u> 598.</u>
P	ลายเ	Signatu	re Block								
Und	der penalties of	perjury, I de	clare that I have examined this return, parer (other than officer) is based o	including accompanying s	chedules and statemen	ts, and to the bes	st of my knowle	edge and belie	f, it is tru	e, correct, and	
cor	nplete. Declar	ation of prep	parer (other than officer) is based or	n all information of which	n preparer has any kii	owiedge.			1 . 1		
			Kai // C	du -				pate/	// /	19	
Si	gn	Signat	ure of officer								
H	ere	▶ Ket	7in A. Edwards				Vice	Presi	dent		
			or print name and title.		***************************************				2025	PTIN	
	······································	Print/Type	preparer's name	Preparer's signature		Date		Check	if if	CIDA	
P	aid			Non-Paid P	reparer			self-employ	yed		
	reparer	Firm's nar	ne 🕨					1			
	se Only	Firm's add	iress F					Firm's EIN	-		
								Phone no.			
M	av the IRS	discuss t	his return with the prepare	shown above? (se	ee instructions).					Yes	No

29404-299-55166-3

A0142200 211A

Department of the Treasury Internal Revenue Service Ogden UT 84201

For assistance, call: 1-877-829-5500 FAX 801-620-5670

Notice Number: CP211A Date: December 2, 2013

Taxpayer Identification Number:

06-6070722 Tax Form: 990

Tax Period: June 30, 2013

018465.242723.1614.074 1 AB 0.384 373

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UNIVERSITY OF CONNECTICUT FOUNDATION INCORPORATED 2390 ALUMNI DR STORRS 06269-9004 CT



018465

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is February 15, 2014.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

RECEIVED

Part	i III	Statement of Program Service Accomplishments	
			X
1	Briefly	describe the organization's mission:	
	The	University of Connecticut Foundation, Inc. mission is to solicit, receive, invest	
	and	administer gifts and financial resources from private sources for the benefit of	
	- $ -$	campuses and programs of the University of Connecticut.	_
			-
2	Did the	e organization undertake any significant program services during the year which were not listed on the prior	_
		990 or 990-EZ?	
		s, describe these new services on Schedule O.	
		s,' describe these changes on Schedule O.	
4	Descri	the the organization's program service accomplishments for each of its three largest program services, as measured by expenses. n 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to	
	others	in 501(c)(3) and 501(c)(4) organizations and section 4547(a)(1) trusts are required to report the amount or grants and anocations to it, the total expenses, and revenue, if any, for each program service reported.	
12	(Code	:) (Expenses \$ 10,604,526. including grants of \$ 10,604,526.) (Revenue \$)
	•	<u> </u>	′
	<u>See</u>	<u>Schedule 0</u>	_
			_
			_
			_
			_
			_
			-
			-
			-
) (F	_
4 b	(Code)
		olarships, awards and fellowships.	_
	<u>The</u>	University of Connecticut Foundation, Inc. receives gifts on behalf of donors	_
	rest	tricted to the support of financial aid for University of Connecticut students.	_
	То е	ensure compliance with all University, federal and state financial aid	
	requ	rirements the University selects the student recipients and makes the awards	
		ectly to students. After receiving appropriate documentation from the University	_
		Foundation provides grants to the University to fund financial aid expenditures.	_
		expenditures are funded from investment income earned on endowment funds	_
		-mighted to financial aid and mifts marthiated for financial aid	-
	1050		-
			_
			-
			_
4 c	(Code)
		gram Services	_
	The	University of Connecticut Foundation, Inc. receives gifts on behalf of donors	_
	rest	tricted to the support of programs at the University. Generally the expenditure	
	is	made to the vendor directly by the University with the Foundation then providing a	
		nt to the University to fund the expenditure after receiving appropriate	
	doci	umentation. Occasionally the Foundation will pay the vendor directly.	_
			-
			-
			-
			_
			_
	- · ·		_
		program services. (Describe in Schedule O.) See Schedule O	
	(Expe	7,00=,00=,00=,00=,00=,00=,00=,00=,00=,00	
4 e	Total	program service expenses ► 33,415,410.	_

			res	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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
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 negotiation services? If 'Yes,' complete Schedule D, Part IV.	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Χ	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b	Х	
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		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	11 d	Χ	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		X
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	.,,
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a 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 foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b	Х	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17	X	
	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	Х	
	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
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		I

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a	Х	
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Х
c	1 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
k	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
k	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
Ŀ	olf '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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
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	Х	

BAA Form **990** (2012)

Form 990 (2012) The University of Connecticut Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance

Check it Schedule O contains a response to any question in this Part V.	<u></u>			· 🗀
	_		Yes	No
	205			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1 c	Χ	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	158			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Χ	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a	Χ	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3 b	Χ	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	-	4 a	Х	
b If 'Yes,' enter the name of the foreign country: ► See Schedule 0				
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	\dashv			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a 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?		6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6 b		
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?		7 a	Χ	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b	Χ	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7 c		Х
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?		7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 q		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did th supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	е	8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?		9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	_	9 b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b				
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders				
b Gross income from other sources (Do not net amounts due or paid to other sources				
against amounts due or received from them.)				
12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	📮	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.		12.		
a Is the organization licensed to issue qualified health plans in more than one state?	· · · · L	13a		
Note. See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
c Enter the amount of reserves on hand	$-\parallel$			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O.</i>	—	14b		
	'	~		ı

Form 990 (2012) The University of Connecticut Foundation 06-6070722 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI...... Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 47 If there are material differences in voting rights among members See Sch. 0 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent... 46 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?... See Schedule 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 Χ Did the organization become aware during the year of a significant diversion of the organization's assets?... 5 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or other persons other than the governing body?..... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O............. 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Χ b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?.. Χ 120 13 Did the organization have a written whistleblower policy?.... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule. . O. Χ 15a **b** Other officers of key employees of the organization...See.Schedule.0..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) **16 a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **\rightarrow** See Schedule O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

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U	n -	O	U.	/ U	· /	/./.

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

		(C)								
(A) Name and Title	(B) Average hours per	one bo	er an	less	perso	k more to n is bot or/truste	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Gerald DesRoches	1							_	_	
Director	0							0.	0.	0.
(2) Douglas Elliot Dir until 10/12	$-\frac{1}{0}$							0.	0.	0.
(3) Janet Hansen	1									
Director	0							0.	0.	0.
(4) Coleman Levy	11	ļ							_	
Chairman	0							0.	0.	0.
(5) Dominick Pagano	1	}						0	0	0
Director	0							0.	0.	0.
	$-\frac{1}{0}$	}						0.	0.	0.
(7) Christopher Riley	1							0.	0.	0.
Dir until 10/12		ł						0.	0.	0.
(8) John Martin	40							0.	•	<u> </u>
President	0	Х		Χ				418,201.	0.	101,401.
(9) Ray Allen	1							,		,
Director	0	Х						0.	0.	0.
(10) Kenneth Alleyne	1									
Director	0	X						0.	0.	0.
(11) Craig Ashmore	1									
Director	0	X						0.	0.	0.
(12) George Aylward	1	ļ								
Dir from 11/12	0	X						0.	0.	0.
(13) David Barton	1	1								
Director	0	X						0.	0.	0.
(14) Allen Bennett	1	ļ								
Director	0	X						0.	0.	0.

Pa	rt VII Section A. Officers, Directors, Tr	ustees,	Key	Em	plo	oye	es, a	ano	Highest Con	pensated Emp	loyees (cont)
		(B)			((_					
	(A) Name and title	Average hours per week (list any hours for related organiza tions below dotted line)	box	, unle cer ar	:heck :ss pe	erson direct	e than of is both or/trusted Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(15)	Andy Bessette	1	v						0	0	0
(16)	Director	0	Χ						0.	0.	0.
(10)	_Mark_Boxer 	$-\frac{1}{0}$	Х						0.	0.	0.
(17)	Melinda Brown	1									
	Dir from 11/12	0	Х						0.	0.	0.
(18)	Patrick Campion Director	$-\frac{1}{0}$	Х						0.	0.	0.
(19)	Micheal Cantor Director	$-\frac{1}{0}$	Х						0.	0.	0.
(20)	Candace Clark Dir until 10/12	$-\frac{1}{0}$	Х						0.	0.	0.
(21)	John Cutler Director	$-\frac{1}{0}$	Х						0.	0.	0.
(22)	Robert D'Amore Dir until 10/12	$\frac{1}{0}$	Х						0.	0.	0.
(23)	Drew_Figdor Director	$-\frac{1}{0}$	Х						0.	0.	0.
(24)	Albert Foreman Director	$-\frac{1}{0}$	X						0.	0.	0.
(25)	_Mark_Freitas Director	$-\frac{1}{0}$	Х						0.	0.	0.
1 k	Sub-total							•	418,201.	0.	101,401.
	Total from continuation sheets to Part VII, Sect							-	1,623,626.	0.	248,428.
c	l Total (add lines 1b and 1c).	<u></u>	<u>.</u> .	<u></u> .	<u></u> .	<u></u> .	<u></u>	-	2,041,827.	0.	349,829.
2	Total number of individuals (including but not limite from the organization \$\)	d to those I	isted	abov	ve) v	who	receiv	ed	more than \$100,00	0 of reportable comp	pensation

22

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5		X

Section B. Independent Contractors

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

		<i>y</i> · · ·
(A) Name and business address	(B) Description of services	(C) Compensation
Ruffalo Cody P.O. Box 3018 Cedar Rapids, IA 52406	Phone Solicitations	422,973.
Blackbaud Inc. 2000 Daniel Island Drive Charlestown, SC 29492	Software Consulting	256,791.
Perrone Group 45 Braintree Hill Office Park, 201 Braintree, MA 02184	Mailing	158,562.
Gold, Orluck & Partners, LLP 172 West Main Street Avon, CT 06001	Event Planning	150,436.
Wilshire Associates, LLC 1299 Ocean Avenue Santa Monica, CA 90401	Invest Consulting	148,583.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ightharpoonup 10

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

Employler Identification number

The University of Connecticut Foundation 06-6070722 Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees									
(A)	(B)		(C)			(D)	(E)	(F)	
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	a Key employee	ap Highest compensated employee	 Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	,		O			led			_
Clinton Gartin	1								
Director	0	X					0.	0.	0.
Mary Ann Gilleece	1			3.7				0	0
Secretary	0	X		X			0.	0.	0.
Jonathon Greenblatt	1	3,7					0	0	0
Dir from 11/12	0	X					0.	0.	0.
Mickey Herbert	1	·					0	0	0
Director	0	X					0.	0.	0.
Robert Holster Director		v					0	0.	0
Lisa Klauser	1	Х					0.	0.	0.
Dir from 11/12		Х					0.	0.	0.
Carla Klein	1	Λ					0.	0.	0.
Director		Х					0.	0.	0.
John Krenicki	1	- 71					0.	0.	0.
Dir until 02/13	0	Х					0.	0.	0.
Douglas Lawrence	1	21					0.	0.	<u></u>
Director	0	Х					0.	0.	0.
John Malfettone	1								
Treasurer	0	Х		Χ			0.	0.	0.
Kimberly Manning	1								
Director	0	Х					0.	0.	0.
Denis McCarthy	1								
Director	0	Х					0.	0.	0.
Ronald McIntosh	11								_
Director	0	Х					0.	0.	0.
Sharon Nunes	1								
Director	0	X					0.	0.	0.
Joseph Papa	1	1							
Director	0	X					0.	0.	0.
Charlene Polino	1	1							
Dir until 10/12	0	X					0.	0.	0.
Lucille Protas	1	ļ							
Dir from 11/12	0	X					0.	0.	0.
John Ritter	1								•
Director	0	X					0.	0.	0.
Marsha Roth	1							0	0
Director	0	X					0.	0.	0.
Adam Schwartz	-1	v						^	0
Dir from 11/11	1	Х					0.	0.	0.
Mark Shenkman Chairman		Х		Χ			0.	0.	0.
CHATTIIIAH	1 0	Λ	L	Λ			<u> </u>		form 990 Cont 2012

Form **990** Cont 2012

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

Employler Identification number

The University of Connecticut Foundation 06-6070722 Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees										
(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours per					hat appl		Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
	week (list any	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	hours for related organiza-	tor to	onal	•	yolqı	t com	1			and related organizations
	tions	uste	trus		99	pens				
	dotted line)	0	ee			sated				
Robert Sherman	1									
Dir from 11/11	0	Х						0.	0.	0.
Stephen Sills	1							_	_	
Dir until 10/12	0	X						0.	0.	0.
Robert Skinner	1	v						0	0	0
<u>Director</u> Daniel Toscano	0	Х						0.	0.	0.
Director	0	Х						0.	0.	0.
Wendy Watkins	1	21						0.	0.	<u> </u>
Director	0	Х						0.	0.	0.
Connie Weaver	1									
Director	0	Χ						0.	0.	0.
Harriet Munrett Wolfe	1									
Director	0	X						0.	0.	0.
Elease Wright	1									•
Director	0	X						0.	0.	0.
Kevin A. Edwards Vice President	$-\frac{40}{0}$	+		Χ				223,366.	0.	24 404
Deborah Cunningham	40			Λ				223,300.	0.	34,494.
VP, Advancement Services a	0	ł			Χ			161,404.	0.	14,979.
Frank Gifford	40							101,1011		
VP for Development	0	Ì			Χ			159,404.	0.	28,126.
Brian Otis	40									_
VP Development and Campaig	0				Χ			179,808.	0.	31,172.
Dina Plapler	40	ļ								
VP Development Health Cent	0				X			174,087.	0.	30,728.
Suzanne O'Conor Legal Counsel	$-\frac{40}{0}$	}				Χ		190,385.	0.	18,246.
Hal Reed	40					Λ		190,303.	0.	10,240.
AVP Plan Giving	0	1				Х		149,049.	0.	25,660.
Thomas Scarlett	40							115/015.	0.	20,000.
System Architect	0	Ì				Χ		140,000.	0.	21,490.
Tim Nguyen	40									
Director of Invest	0					X		124,183.	0.	16,454.
Paul Goldberg	40	ļ							_	
DO Fine Arts	0					X		121,940.	0.	27,079.
		}								
		†								
-										
		<u> </u>								
<u> </u>									F	orm 990 Cont 2012

Form 990 Cont 2012

-250,748.

17,612,532

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII.. (D) (A) Total revenue (B) Related or Unrelated Revenue exempt excluded from tax business under sections 512, 513, or 514 function revenue revenue CONTRIBUTIONS, GIFTS, GRANTS 1 a Federated campaigns 1 a **b** Membership dues..... 1 b c Fundraising events..... 1 c 2,012,473 AND OTHER SIMILAR d Related organizations..... 1 d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 42,561,703 **g** Noncash contributions included in Ins 1a-1f: 2,849,674 h Total. Add lines 1a-1f..... 44,574,176 PROGRAM SERVICE REVENUE **Business Code** 900099 8,589,259 8,589,259 ^{2a} Univ. Fee for Service b Univ. Endow Admin Fee 900099 124,215 124,215 f All other program service revenue. . . g Total. Add lines 2a-2f 8,713,474 Investment income (including dividends, interest and 7,000,357 7,000,357. Income from investment of tax-exempt bond proceeds . > Royalties.... (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss)... **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory. 10515686 **b** Less: cost or other basis and sales expenses c Gain or (loss)..... 10515686 d Net gain or (loss) ▶ 10,515,686 -250,748. 10,766,434. 8a Gross income from fundraising events OTHER REVENUE (not including. \$ 2,012,473. of contributions reported on line 1c). See Part IV, line 18..... a 551,320 **b** Less: direct expenses..... **b** 705,150 c Net income or (loss) from fundraising events ▶ -153,830-153,830.9 a Gross income from gaming activities. See Part IV, line 19..... a 3,620. **b** Less: direct expenses..... **b** 429 c Net income or (loss) from gaming activities..... 3,191 -429.10a Gross sales of inventory, less returns and allowances..... a **b** Less: cost of goods sold..... **b** c Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code** 11 a **d** All other revenue e Total. Add lines 11a-11d

70,653,054

8,713,474

Total revenue. See instructions......

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).

-000	Check if Schedule O contains a r		<u> </u>		
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	33,415,410.	33,415,410.	gonoral expenses	5Xp6.1000
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	,	,		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members	1,557,170.	0.	411,488.	1,145,682.
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.	0.	0.	0.
7		7,266,672.	· ·	1,671,335.	5,595,337.
8	Pension plan accruals and contributions	7,200,072.		1,071,555.	3,333,337.
0	(include section 401(k) and section 403(b) employer contributions)	482,919.		111,071.	371,848.
9	Other employee benefits	905,323.		208,224.	697,099.
10	Payroll taxes	654,134.		150,451.	503,683.
11	Fees for services (non-employees):	,		,	,
i	Management				
1	Legal	24,638.		5,667.	18,971.
	Accounting	153,950.		153,950.	,
	Lobbying	40,000.		, , , , , , ,	40,000.
(Professional fundraising services. See Part IV, line 17	636,163.			636,163.
1	Investment management fees	4,452,546.		4,452,546.	<u>, </u>
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	38,978.		8,965.	30,013.
12	Advertising and promotion	12,376.		2,846.	9,530.
13	Office expenses	185,297.		42,618.	142,679.
14	Information technology	433,711.		99,753.	333,958.
15	Royalties				
16	Occupancy	289,221.		66,521.	222,700.
17	Travel	270,123.		62,128.	207,995.
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,224.		8,102.	27,122.
20	Interest	381,510.		87,747.	293,763.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	331,935.		76,345.	255,590.
23	Insurance	125,592.		28,886.	96,706.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ä	Printing and Publications	330,550.		76,027.	254,523.
	Service Contracts	279,005.		64,171.	214,834.
•	Special Events	238,860.			238,860.
	Recruitment	149,480.		34,380.	115,100.
	All other expenses	327,615.		45,860.	281,755.
25	Total functional expenses. Add lines 1 through 24e	53,018,402.	33,415,410.	7,869,081.	11,733,911.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
DAA	· ,				

rart A							
	Check if Schedule O contains a response to any qu	estion i	n this Part X				
				(A) Beginning of year		(B) End of year	
1	Cash — non-interest-bearing			1,026,190.	1	3,419,448.	
2	Savings and temporary cash investments			6,897,055.	2	21,785,654	
3	Pledges and grants receivable, net			31,846,403.	3	31,532,338	
4	Accounts receivable, net			233,426.	4	289,257	
5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L	mployee	es. Complete		5		
6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (3)(B), ar (9) volui Part II	as defined under and contributing a contributing a contributing a contribution of Schedule L		6		
A 7	Notes and loans receivable, net				7		
8 7 S 8 T 9	Inventories for sale or use				8		
T 9	Prepaid expenses and deferred charges			208,632.	9	247,759	
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1	h h				
	b Less: accumulated depreciation		3,430,279.	6,030,196.	10 c	6,656,087.	
11	Investments – publicly traded securities			167,754,502.	11	179,180,050	
12	Investments – other securities. See Part IV, line 11		89,737,776.	12	90,377,584		
13		ments – program-related. See Part IV, line 11					
14							
15	Other assets. See Part IV, line 11	94,841,808.	15	125,307,355			
16	Total assets. Add lines 1 through 15 (must equal line		-	398,575,988.	16	458,795,532	
17	Accounts payable and accrued expenses	5,123,215.	17	5,574,321			
18	Grants payable	, ,	18	, ,			
19	Deferred revenue				19		
L 20	Tax-exempt bond liabilities			6,270,000.	20	26,030,000	
	Escrow or custodial account liability. Complete Part I	V of Sc	hedule D	3,114,574.	21	13,598,053	
A 21 B 22 L 22 I 7	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, dire d disqua	ctors, trustees, lified persons.		22		
<u> </u> 23					23		
E 23 S 24			L		24		
25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to rela plete Pa	ated third parties, art X of Schedule D.	127,909.	25	123,560.	
26	Total liabilities. Add lines 17 through 25			14,635,698.	26	45,325,934	
N E T	Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.						
A 27 S 28 T 29	Unrestricted net assets			-7,276,710.	27	-5,447,303	
루 28	Temporarily restricted net assets		F	93,929,000. 297,288,000.	28	102,723,872.	
	,	-			29	316,193,029	
R F	Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.						
F N D 30	Capital stock or trust principal, or current funds				30		
	Paid-in or capital surplus, or land, building, or equipm	nent fun	d		31		
B 31 L 32 N 33 E 34	Retained earnings, endowment, accumulated income,	or othe	r funds		32		
N 22	Total net assets or fund balances	ļ t	202 040 200	33	412 460 500		
<u>c</u> 33	Total fiet assets of fully balances			383,940,290.	33	413,469,598	

Form **990** (2012) BAA

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Form **990** (2012)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	0,6	53,0	54.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,0		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,6		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,9		
5	Net unrealized gains (losses) on investments	5		2,8		
6	Donated services and use of facilities	6			,	
7	Investment expenses	7				
8		8				
9	Other changes in net assets or fund balances (explain in Schedule O). See Schedule O	9		-9	63,9	52.
10						
_	column (B))	10	41	.3,4	59,5	98.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ed on a	a			
	Separate basis Consolidated basis Both consolidated and separate basis					
-	b Were the organization's financial statements audited by an independent accountant?			2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both:	ate				
	Separate basis X Consolidated basis Both consolidated and separate basis					
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3	a 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?			3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	dit 		3 b		

TEEA0112L 08/09/11

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

21

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization The University of Connecticut Foundation
, Inc.

Employer identification number 06-6070722

Par	l I	Reason for Pub	lic Charity Status	(All organizations	must o	comple	te this	part.)	See i	nstruct	ions.	_		
The c				e it is: (For lines 1 thro								_		
1		A church, convention	of churches or assoc	ciation of churches desc	cribed in	section	170(b)	(1)(A)(i)						
2		A school described in	n section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ.)									
3		A hospital or a coope	erative hospital servic	e organization describe	ed in sec	tion 17	0(b)(1)(A	۸)(iii).						
4		A medical research of	organization operated	in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) . Ei	nter the hospital's			
		name, city, and state	e:											
5		An organization opera 170(b)(1)(A)(iv). (Co	ted for the benefit of a manager than the manager than th	college or university own	ed or ope	erated by	y a gove	rnmenta	I unit des	scribed in	section			
6			•	overnmental unit descri										
7	Hi	in section 170(b)(1)(that normally receives a substantial part of its support from a governmental unit or from the general public described b)(1)(A)(vi). (Complete Part II.)											
8		-		ribed in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	الا	related to its exempt for	unctions - subject to ce	ally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities tions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and acome (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2).										
10		0	'	xclusively to test for pu		-		٠,	• •					
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3) . Check the box that describes the type of supporting organization and complete lines 11e through 11h.													
	i	a Type I b	Type II c	Type III — Function	nally inte	grated	(d 🔲 📑	Type III	– Non-f	unctionally integrated	1		
е	\Box	By checking this box other than foundation section 509(a)(2).	, I certify that the organized managers and other that	anization is not controll an one or more publicly s	led directions	tly or in I organiz	directly ations d	by one escribed	or more in section	disqual on 509(a)	ified persons (1) or			
f	- 1	If the organization reco	eived a written determir	nation from the IRS that i	s a Type	I, Type	II or Typ	e III sup	porting o	organizat	ion,			
g	,	Since August 17, 200	06, has the organization	on accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	s?			
											Yes No	,		
	(below, the gove	erning body of the sup	ontrols, either alone or oported organization?										
	((ii) A family memb	er of a person describ	oed in (i) above?							11 g (ii)			
	((iii) A 35% controlle	ed entity of a person of	described in (i) or (ii) a	bove?						11 g (iii)	_		
h	F	Provide the following	information about the	e supported organization	on(s).									
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) I organiz column (i your go docur	verning	(v) Did yo the organ column (supp	ization in	organiz colur organize	s the ation in nn (i) ed in the S.?	(vii) Amount of monetary support			
					Yes	No	Yes	No	Yes	No				
-												_		
(A)												_		
(B)														
(C)														
(-)												_		
(D)												_		
(E)												_		
Total														

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 The University of Connecticut Foundation 06-6070722 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	22510381.	28779876.	32185542.	39505200.	44574176.	167555175.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	22510381.	28779876.	32185542.	39505200.	44574176.	167555175.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,447,494.
	Public support. Subtract line 5 from line 4						166107681.
Sec	tion B. Total Support	Г	<u></u>	Г	T	Т	Г
begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	22510381.	28779876.	32185542.	39505200.	44574176.	167555175.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,570,221.	5,966,980.	6,271,420.	3,329,883.	7,000,357.	29,138,861.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						0.
11	Total support. Add lines 7 through 10						196694036.
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	46,986,872.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	>
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	012 (line 6, columi	n (f) divided by lir	ne 11, column (f)))	14	84.45%
15	Public support percentage from	2011 Schedule A,	Part II, line 14			15	80.81%
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization of qualifies as a pub	did not check the olicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or more,	check this box
b	33-1/3% support test – 2011. If the and stop here. The organization						
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Pari	t IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance: test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ted organization	t IV how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in:	structions
BAA					Sch	nedule A (Form 90	90 or 990-F7) 2012

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

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

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6				, ,	, ,	
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
	Add lines 10a and 10b						
	Net income from unrelated business 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 IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, secon	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3) ▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage				<u>, , , , , , , , , , , , , , , , , , , </u>
15	Public support percentage for 20			ne 13, column (f))		%
16	Public support percentage from	•					%
	tion D. Computation of Inv						
17	Investment income percentage f				ımn (f))		%
18	Investment income percentage f	•	• • •	-	* * * *		%
	33-1/3% support tests — 2012. If is not more than 33-1/3%, check	the organization	did not check the	box on line 14, a	and line 15 is mor	e than 33-1/3%, a	nd line 17
b	33-1/3% support tests — 2011. If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or I	line 19a, and line	16 is more than 33	3-1/3%, and
20	Private foundation. If the organi.		•		·		

	(FOIII 990 OF 990-EZ)		universit	y of conne	ecticut four	idation 06-	-6070722	Page 4
Part IV	Supplemental In Part II, line 17a (See instruction	nformation. C or 17b; and P is).	omplete this art III, line 1	part to prov 2. Also comp	ide the explan plete this part	ations required for any additio	d by Part II, line nal information.	10;
							- – – – – – – .	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

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

• S	Section 501(c)(4), (5), or (6) organizations: Complete Part III.			
Name	of organization			Employer identifica	ation number
The	University of C	Connecticut Foundation		06-607072	2
Par	t I-A Complete if the	e organization is exempt under secti	on 50 1(c) or is a s	section 527 organiz	zation.
1	Provide a description of	the organization's direct and indirect political	campaign activities in	Part IV. See	Part IV
2	Political expenditures			▶\$	
Par	t I-B Complete if the	e organization is exempt under secti	on 50 1(c)(3).		
1	Enter the amount of any	excise tax incurred by the organization under	section 4955	▶\$	0.
2	Enter the amount of any	excise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurr	ed a section 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4 a	Was a correction made?.				Yes No
	If 'Yes,' describe in Part				
Par	t I-C Complete if the	e organization is exempt under secti	on 501(c), excep	t section 501(c)(3).	
		expended by the filing organization for section			
2		ng organization's funds contributed to other organ			
	line 17b	penditures. Add lines 1 and 2. Enter here and			
4	Did the filing organization	n file Form 1120-POL for this year?			Yes No
5	Enter the names, addres	ses and employer identification number (EIN)	of all section 527 pol	itical organizations to w	hich the filing
	organization made paym	ents. For each organization listed, enter the a utions received that were promptly and directly de tical action committee (PAC). If additional sp	imount paid from the i	tiling organization's tunc	ds. Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)			-		
(3)			-		
(4)		<u> </u>			
(5)					

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

Schedule C (Form 990 or 990-EZ) 2012

section 501((h)).	is exempt under set		filed Form 5768 (e	lection under
A Check ► if the filin	g organization belongs	to an affiliated group (and	list in Part IV each affilia	ted group member's nam	ne,
		share of excess lobbying			
B Check ► if the filing	ng organization check	ed box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lobbyin 'expenditures' means	g Expenditures s amounts paid or incuri	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditi	·		, T.	51,136.	
b Total lobbying expendition	-	• •		14,866.	
c Total lobbying expenditi	•	•		66,002.	0.
d Other exempt purpose of	•		Į.	53,952,400.	
e Total exempt purpose e			ľ	54,018,402.	0.
f Lobbying nontaxable an both columns		unt from the following tat		1,000,000.	
If the amount on line 1e, col	umn (a) or (b) is:	he lobbying nontaxable	amount is:		
Not over \$500,000		% of the amount on line 1e.			
Over \$500,000 but not over \$1		00,000 plus 15% of the excess	·		
Over \$1,000,000 but not over \$		75,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		over \$1,500,000.			
Over \$17,000,000 q Grassroots nontaxable a	· ·	,000,000.		250,000	0
h Subtract line 1g from lin	•	,	l l	250,000. 0.	<u> </u>
i Subtract line 1f from lin				0.	0.
j If there is an amount othe section 4911 tax for this			ι.	- 1	
		Year Averaging Period U			
(Som	e organizations that i	nade a section 501(h) el below. See the instruction	ection do not have to o		
	Lobbyi	ng Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying non-taxable amount	1,000,000	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	55,425	77,108.	59,014.	66,002.	257,549.
d Grassroots nontaxable amount	250,000	. 250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	30,000	. 59,379.	41,862.	51,136.	182,377. 990 or 990-EZ) 2012

,			1							
Part II-B	Complete if the	organ	ization is e	exempt	under s	ection	501(c)(3)	and has	NOT filed F	orm 5768
	(election under	sectio	n 501(h)).	-						

	(a	a)	(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		\Box			
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
****				Yes	N
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) answered 'Yes.'	Part I	II-A, Ii	ine 3, is		
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year		2b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	art II- <i>A</i>	۱ (affilia	ated group	list);	
Part I-A, Line 1 - Direct and Indirect Political Campaign Activities					_
Direct and Indirect Political Campaign Activities. The Universit	ty_of	<u>Cor</u>	<u>nectic</u>	ut	
Foundation does not participate in political campaigns.					
					_
					_

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

The University of Connecticut Foundation 06-6070722 Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate contributions to (during year). . . . Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Nο Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements...... 2 a b Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)...... 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)?..... 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1. **b** Assets included in Form 990, Part X.....

Part III Organizations Mainta	ining Collections	of Art, Historic	al Treasures, or	Other Similar Ass	sets (c	ontinu	ıed)	
3 Using the organization's acquisition items (check all that apply):	n, accession, and other	records, check any c	of the following that are	a significant use of its	collection	on		
a Public exhibition		d Loan or e	xchange programs					
b Scholarly research		e Other						
c Preservation for future gener	rations							
4 Provide a description of the organiz Part XIII.	zation's collections and	explain how they fur	ther the organization's	exempt purpose in				
5 During the year, did the organiza to be sold to raise funds rather t	han to be maintained	as part of the orga	nization's collection?.		Yes	; [No	
Part IV Escrow and Custodial Arr reported an amount o			n answered 'Yes' to	Form 990, Part IV, lir	ne 9, or			
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodian, or ot	her intermediary for	contributions or othe	r assets not included	Yes	. [X No	
b If 'Yes,' explain the arrangement					163	' <u>[</u>	Y NO	
bin res, explain the arrangement	till alt All alla com	piete the following t	abio.		Amour	nt		
c Beginning balance				1 c	7 11110 411			
d Additions during the year								
e Distributions during the year								
f Ending balance							0.	
2a Did the organization include an a	amount on Form 990,	Part X, line 21?			X Yes	;	No	
b If 'Yes,' explain the arrangement	t in Part XIII. Check h	nere if the explantion	n has been provided i	n Part XIII			X	
	Se	e Part XIII						
Part V Endowment Funds. C		ganization answ						
	(a) Current	(b) Prior year	(c) Two years	(d) Three years	- ' '	Four yea		
1 a Beginning of year balance	301,637,000.	<u> </u>	<u> </u>				,000.	
b Contributions	17,340,000.	11,132,000	. 14,333,000	. 10,319,000	. 6	,768,	,000.	
c Net investment earnings, gains, and losses	25,956,000.	324,000	. 39,732,000	. 21,826,000	63	,238,	,000.	
d Grants or scholarships								
e Other expenditures for facilities and programs	11,127,000.	10,226,000	. 10,249,000	. 9,769,000	10	082	,000.	
f Administrative expenses		3,218,000	 				,000.	
q End of year balance		<u> </u>	<u> </u>	. 263,049,000	_		,000.	
2 Provide the estimated percentag					. 2 1 1	, 002,		
a Board designated or quasi-endowm	-	0.64%	3,					
b Permanent endowment ▶	97.57%	<u></u>						
c Temporarily restricted endowmen		9 %						
The percentages in lines 2a, 2b,								
3a Are there endowment funds not in	the nossession of the c	organization that are h	aeld and administered t	for the				
organization by:	the possession of the c	ngariization that are r	icia ana aamiinisterea i	or the		Yes	No	
(i) unrelated organizations					. 3a(i)		X	
(ii) related organizations					. 3a(ii)		X	
b If 'Yes' to 3a(ii), are the related	•				. 3b			
4 Describe in Part XIII the intender	d uses of the organiz	ation's endowment	funds. See Part	XIII				
Part VI Land, Buildings, and	Equipment. See	Form 990, Part	X, line 10.					
Description of property	(ii	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue	
1 a Land								
b Buildings			5,897,828.	1,989,183.	3		<u>,645.</u>	
c Leasehold improvements			175,906.	119,331.			<u>,575.</u>	
d Equipment			1,530,294.	1,321,765.			<u>,529.</u>	
e Other 2,482,338. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 6,656,087.								
	nn (d) must equal For	rm 990, Part X, colu	mn (B), line 10(c).).				,087.	
BAA				Sched	lule D (F	orm 990) 2012	

Part VII	Investments – Other Securities. See	Form 990, Part X,	line 12.	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation end-of-year market	on: Cost or et value
(1) Financ	ial derivatives		ond or your mank	50 Value
(2) Closely	y-held equity interests			
(3) Other	Securities, not publicly trad	90,377,584.	End of Year Market Valu	ie
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
<u>(l)</u>				
	mn (b) must equal Form 990, Part X, column (B) line 12.)		1: 10 17/3	
Part VIII	Investments – Program Related. See			
	(a) Description of investment type	(b) Book value	(c) Method of valuation end-of-year market	on: Cost or et value
(1)			one or year mane	5t Value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets. See Form 990, Part X,			1 45 - 1
(1) 001		scription		(b) Book value
	7 - Life Insurance Policies			372,006.
	Gerred Bond Issuance			584,293.
	lowments held for University			10,518,254.
	nd Held in Trust by Other restment in R&D			16,697,608. 334,321.
	nited Partnership Investments			96,800,873.
(7)	irted Farthership investments			90,000,073.
(8)				
(9)				
(10)				
	olumn (b) must equal Form 990, Part X, column (i	B), line 15.)		1 25,307,355.
Part X	Other Liabilities. See Form 990, Part	X. line 25.		, , , , , , , , , , , , , , , , , , , ,
	(a) Description of liability	(b) Book value		
(1) Fede	eral income taxes			
(2) Acc	rued Debt Service Interest	123,55	59.	
(3) Rou	ınding		1.	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, column (B) line 25.)			Die femane 1 to 1 to 20
	NSC 740) Footnote. In Part XIII, provide the text of the footnote (ASC 740). Check here if the text of the footnote has been provided in the f			

		(Form 990) 2012 The University of Connecticut Found			6070)722 Page 4
		Reconciliation of Revenue per Audited Financial Statement			1 - 1	
1		revenue, gains, and other support per audited financial statements			1	79,573,954.
		unts included on line 1 but not on Form 990, Part VIII, line 12:	ا ۔ ا	10 050 600		
		Inrealized gains on investments	2 a	12,858,608.	-	
		ted services and use of facilities	2 b		-	
		veries of prior year grants	2 c		_	
		r (Describe in Part XIII.)See .Part. XIII		-4,643,287.		0 01 = 001
		ines 2a through 2d.			2 e	8,215,321.
3		ract line 2e from line 1			3	71,358,633.
		ints included on Form 990, Part VIII, line 12, but not on line 1:				
		the temperature of the state of			-	
		r (Describe in Part XIII.) . See Part XIII		-705,579.		
		ines 4a and 4b			4 c	-705,579.
		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	70,653,054.
		Reconciliation of Expenses per Audited Financial Statemen			Returi	
1		expenses and losses per audited financial statements			1	50,044,646.
		unts included on line 1 but not on Form 990, Part IX, line 25:	- 1			
•		ted services and use of facilities	2a			
		year adjustments	2 b			
		r losses.	2 c			
		r (Describe in Part XIII.) See Part XIII [1,478,790.		
		ines 2a through 2d			2 e	1,478,790.
3		ract line 2e from line 1			3	48,565,856.
		unts included on Form 990, Part IX, line 25, but not on line 1:				
a	Inves	thment expenses not included on Form 990, Part VIII, line 7br (Describe in Part XIII.) See . Part .XIII	4 a	4 450 546	-	
		ines 4a and 4b			10	4 450 546
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			4 c	4,452,546. 53,018,402.
		Supplemental Information			3	33,010,402.
-		· · · ·				
Com line	plete 4; Par	this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also comp	rt III, Iin olete thi	es 1a and 4; Part IV s part to provide any	, lines 1 , additio	b and 2b; Part V, onal information.
	<u>Part</u>	IV, Line 2b - Explanation Of Escrow Account Liability				
	<u>The</u>	Foundation is named as the trustee and remainde	<u>r ben</u>	eficiary of s	sever	<u>al</u>
	cha:	ritable remainder trusts. In addition, the Foun	<u>dati</u> o	n has entered	d <u>int</u>	o_contracts_
	wit]	n donors for charitable gift annuities for which	the	Foundation ha	as ac	cepted
	con	cributions. The present value of the liability f	or fu	ture payments	s <u>is</u>	reflected on
	the	Foundation's balance sheet.				

The Foundation has a contractual arrangement to act as the University's agent in Schedule **D** (Form 990) 2012 BAA

2012	, , , , , , , , , , , , , , , , , , , ,							
Client 1	The University of Connecticut Foundation ,Inc.	06-6070722						
2/27/14		09:54AM						
Schedule D, Pa Other Revenue	art XI, Line 2d Included In F/S But Not Included On Form 990							
Investment Ē	rense Total	-4,452,546. 7,208.						
Schedule D, Pa Other Revenue	art XI, Line 4b Included On Form 990 But Not Included In F/S							
Events	Total §	5 -705,579. 5 -705,579.						
Schedule D, Pa Other Expense	art XII, Line 2d s And Losses Per Audited F/S							
	ses	705,579. 773,211. 5 1,478,790.						
Schedule D, Pa Other Expense	art XII, Line 4b s Included On Form 990 But Not Included In F/S							
Investment F	rees	4,452,546. 4,452,546.						

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

The University of Connecticut Foundation

Employer identification number

06-6070722

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	V	
3	·		X	
	the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No', please explain. If you need more space, use Part II	3	Χ	
1	Does the organization maintain the following?			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	4 a	Х	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4 b		
(c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4 c	Х	
(d Copies of all material used by the organization or on its behalf to solicit contributions?	4 d	Χ	
	If you answered 'No' to any of the above, please explain. If you need more space, use Part II.			
	Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?	5 a		Х
ı	b Admissions policies?	5 b		Х
	c Employment of faculty or administrative staff?	5 c		Х
	d Scholarships or other financial assistance?	5 d		Х
•	e Educational policies?	5 e		X
1	f Use of facilities?	5 f		Х
9	g Athletic programs?	5 g		X
-	h Other extracurricular activities?	5 h		Х
	If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II.			
6	a Does the organization receive any financial aid or assistance from a governmental agency?	6 a		Χ
	b Has the organization's right to such aid ever been revoked or suspended?	6 b		X
_	If you answered 'Yes' to either line 6a or line 6b, explain on Part II.			
/	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If			
	'No ' explain on Part II	7	V	

Schedule	E (Form 990	or 990-EZ)	2012 The	Univers	ity of	Connecti	cut Foun	dation	06-607072	22 Page 2
Part II									es 3, 4d, 5h, 6b, on (see instruct	
						. – – – – –				

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

The University of Connecticut Foundation 06-6070722 General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (b) Number of (d) Activities conducted in (a) Region (e) If activity listed in (f) Total employees, offices in the region (by type) (e.g., (d) is a program expenditures for agents, and region fundraising, program service, describe and investments independent specific type of services, investments, in region contractors in grants to recipients service(s) in region region located in the region) Pt V 27,335,357. (1) Europe Investments Central America (2) and the 34,939,318. Caribbean Investments (3) 8,788,351. North America Investments (4) Europe Fundraising 0. (5) East Asia and Pacific Fundraising (6) North America 0. Fundraising (7) (8) (9) (10)(11)(12)(13)(14)(15) (16)(17)**3a** Sub-total..... 71,063,026. **b** Total from continuation sheets to Part I.....

c Totals (add lines 3a and 3b).

71,063,026

Schedule F (Form 990) 2012 The University of Connecticut Foundation 06-6070722

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ent	ter total number of recipient organizate grantee or counsel has provided	ations listed above that a a section 501(c)(3) equ	re recognized as cha uivalency letter	arities by the forei	gn country, recogniz	ed as tax-exempt b	y the IRS, or for wh	ich	0

BAA	, s	chedule	F (Form 990) 2012
3	Enter total number of other organizations or entities		. 0
	the grantee or counsel has provided a section 501(c)(3) equivalency letter.	▶	. 0
	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the ins, or for which		

(18)

BAA

Schedule **F** (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (b) Region (c) Number of recipients (e) Manner of cash disbursement (a) Type of grant or assistance (d) Amount of cash grant (f) Amount of non-cash assistance (g) Description of non-cash assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17)

TEEA3503L 12/17/12

Schedule F (Form 990) 2012		University	of	Connecticut	Foundation
Part IV Foreign Forms	>				

06-6070722

Page 4

Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	XYes	No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	XYes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	XYes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	XYes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Yes	X No

BAA Schedule **F** (Form 990) 2012 TEEA3505L 12/17/12

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

ine oniversity of connectical roundation						Employer identification number		
, Inc. 06-6070722 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.								
Form 990-EZ filers are not r	equired to comp	olete this p	oart.					
	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
a X Mail solicitations			е		n-government grants			
b X Internet and email solicitation	ns		f	Solicitation of gov	ernment grants			
c X Phone solicitations			g	X Special fundraisin	g events			
d X In-person solicitations				_				
2 a Did the organization have a written	or oral agreemen	t with any	individual (i	ncluding officers, direct	ors, trustees or key			
employees listed in Form 990, Pa b If 'Yes,' list the ten highest paid indi compensated at least \$5,000 by the	viduals or entities	s (fundraise			-			
(i) Name and address of individual	(ii) Activity		funducios v	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to		
or entity (fundraiser)	(II) Activity		fundraiser ody or control ributions?	from activity	(or retained by) fundraiser listed in column (i)	(or retained by) organization		
		Yes	No					
1 Ruffallo Cody PO Box 3018	Phone							
Cedar Rapi IĀ 52406	Solicitat		X	377,922.	460,684.	2		
2 Gold, Orluk & & Partners, LLC Avon CT 06001	Event Planner		Х	868,150.	175,479.	692,671.		
3								
4								
5								
6								
7								
8								
9								
10								
	-	+						
Total	ion is registered			1,246,072.	636,163.	692,671.		
or licensing.	ion is registered	or licerised	i to solicit co	DITITIDULIONS OF HAS DEED	i notinea it is exempt from	registration		
AL AK AZ AR CA CO CT	DE DC FL	GA HI	ID IL I	N IA KS KY LA	ME MD MA MI MN	MS MO MT NE		
NV NH NJ NM NY NC ND								

Schedule **G** (Form 990 or 990-EZ) 2012 The University of Connecticut Foundation 06-6070722 Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events **(b)** Event #2 (a) Event #1 (c) Other events (add column (a) 13 White Coat Gal Calhoun Celebr through column (c) (event type) (event type) (total number) REVENUE 1 Gross receipts..... 1,287,020. 315,965. 956,353. 2,559,338. 2 Less: Charitable contributions...... 1,065,916 247,182. 696,882 2,009,980. **3** Gross income (line 1 minus line 2)..... 221,104 68,783. 259,471 549,358. Cash prizes..... D I R E C T 6 Rent/facility costs..... 7 Food and beverages Other direct expenses..... 230,923. 107,844. 361,970. 700,737. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 700,737. Net income summary. Combine line 3, column (d), and line 10. -151,379. Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (add column (a) through column (c)) REVENUE bingo/progressive bingo Gross revenue..... 2 Cash prizes..... D X P E N C T S Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 8 Net gaming income summary. Combine lines 1, column (d) and line 7..... **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If 'No,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....

b If 'Yes,' explain:

Sche	nedule G (Form 990 or 990-EZ) 2012 The University of Connecticut Foundation 06-607	0722	Page 3
	Does the organization operate gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	. Yes	 ☐ No
	Indicate the percentage of gaming activity operated in: a The organization's facility		%
	b An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
ŀ	a Does the organization have a contact with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization▶ \$ and the amount of gaming revenue retained by the third party▶ \$ c If 'Yes,' enter name and address of the third party:	Yes	No
	Name •		1
	Address ►		
16			
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ► \$	Yes	No
Pai	Supplemental Information. Complete this part to provide the explanations required by Pacolumns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. It this part to provide any additional information (see instructions).	art I, line 2 Also comp	b, lete
_			

SCHEDULE I (Form 990)

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

Open to Public Inspection

06-6070722

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

OMB No. 1545-0047

2012

The University of Connecticut Foundation

Part I General Information on Grants and Assistance

 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 									
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to									
Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1) University of Connecticut 352 Mansfield Road, Unit 2048									
Storrs, CT 06269 (2)	06-0772160		33,415,410.	0.					
							ı		
(3)									
(4)									
(5)									
(6)									
<u>(7)</u>									
(8)									
2 Enter total number of section 501(c)((3) and government or	nanizations listed	in the line 1 table				1		
3 Enter total number of other organizat	., ,	~							

0

Schedule	e I (Form 990) (2012) The Univers	ity of Connection	cut Foundation			06-6070722	Page 2
Part III		o Individuals in the	United States. Co	mplete if the organ	nization answered 'Yes	to Form 990, Part IV, line 2	22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assista	nce
1							
2							
3							
4							
5							
6							
7							
Part IV	Supplemental Information. Cor additional information.	nplete this part to pr	rovide the informa	tion required in Pa	rt I, line 2, Part III, col	umn (b), and any other	
Pa	rt IV - Additional Supplemental In	formation					
Fu	nd Administration staff red	ceives appropria	te documentat	ion prior to ma	nking		
di	sbursements to ensure comp	liance with gran	t restriction	s, and to ensur	ce_such		
di	sbursements are reasonable	.					

Schedule I (Form 990) (2012)

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The University of Connecticut Foundation

Employer identification number

06-6070722

Questions Regarding Compensation Part I Yes No 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part III First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain..... 1 b Χ Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?..... 2 Χ Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?..... **4** a Χ **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?..... 4 b Χ c Participate in, or receive payment from, an equity-based compensation arrangement?..... 4 c Χ If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?..... 5 a Χ 5 h Χ If 'Yes' to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6 a a The organization?..... Χ **b** Any related organization? 6 b Χ If 'Yes' to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III..... Part TIT 7 Χ Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III...... Χ If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53.4958-6(c)?

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

Schedule **J** (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation reported as
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	deferred compensation	berients	COIUITITIS(B)(I)-(D)	deferred in prior Form 990
Kevin A. Edwards	(i)	213,366.	10,000.	0.	17,869.	16,625.	<u>257,860.</u>	0.
1 Vice President	(ii)	0.	0.	0.	0.	0.	0.	0.
John Martin	(i)	364,951.	53,250.	0.	91,455.	12,490.	522,146.	0.
2 President	(ii)	0.	0.	0.	0.	0.	0.	0.
Deborah Cunningham	(i)	<u> 158,404.</u>	3,000.	0.	12,912.	2,067.	<u>176,383</u> .	0.
3 VP, Advancement Services and AG	(ii)	0.	0.	0.	0.	0.	0.	0.
Frank Gifford	(i)	<u> 158,404.</u>	1,000.	0.	<u>12,752.</u>	15,374.	187,530.	0.
4 VP for Development	(ii)	0.	0.	0.	0.	0.	0.	0.
Brian Otis	(i)	174,808.	5,000.	0.	14,385.	16,787.	210,980.	0.
5 VP Development and Campaign	(ii)	0.	0.	0.	0.	0.	0.	0.
Dina Plapler	(i)	169,087.	5,000.	0.	13,927.	18,695.	206,709.	0.
6 VP Development Health Center	(ii)	0.	0.	0.	0.	0.	0.	0.
Suzanne O'Conor	(i)	182,885.	7,500.	0.	15,231.	3,015.	208,631.	0.
7 Legal Counsel	(ii)	0.	0.	0.	0.	0.	0.	0.
Hal Reed	(i)	149,049.	0.	0.	11,924.	13,736.	<u>174,709.</u>	0.
8 AVP Plan Giving	(ii)	0.	0.	0.	0.	0.	0.	0.
Thomas Scarlett	(i)	140,000.	0.	0.	7,754.	13,736.	161,490.	0.
9 System Architect	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)						L	l
10	(ii)							
	(i)						L	l
11	(ii)							
	(i)						L	l
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)				L		L	
15	(ii)							
	(i)							
16	(ii)				T		T	T
BAA			TEEA4102L 12/11	/12			Schedule I	(Form 990) 2012

BAA TEEA4102L 12/11/12 Schedule J (Form 990) 2012

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.
Part 1, Line 1a - Relevant Information Regarding Compensation Benefits
The Foundation provides memberships to the Hartford Club for Mr. Martin and Ms.
Papler for business related meetings. The amount in 2012 was \$2,544 for Ms. Plapler
and \$1,894 for Mr. Martin. Memberships were used solely for Foundation business.
Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation
During 2012 a \$58,333 payment was allocated by the Foundation to a deferred
compensation plan established under Section 457(f). This amount is payable to the
Foundation's President, John Martin, upon termination from employment, subject to
the terms of a two year covenant not to compete. An additional payment in the
amount of \$13,122 was allocated by the Foundation on a second deferred compensation
plan also established under Section 457(f). This amount is also payable to Mr.
Martin upon termination from employment subject to the terms of a two year not to
compete.
Part I, Line 7 - Non-Fixed Payments Not Listed
The Foundation may give performance based awards based on formal review and with
approval of Foundation management and board.

SCHEDULE K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No. 1545-0047

2012

epartment of the Treasury nternal Revenue Service ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of the organization									Er	nployer id	lentifica	tion nur	nber	
The	University of Cor	nnecticut Foundat	ion							0	6-607	7072	2		
Par	t I Bond Issues														
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)	(f) Description of purpose			Defe	Defeased beha		(h) On behalf of issuer (i)	
											Yes	No	Yes	No	Yes N
A (CHEFA	06-0806186	20774UJD8	1/23/2007	7,252	2,762.	Refund	ding	Series	A		Х		Х	
	CHEFA	06-0806186		4/24/2013	20,000	,000.	Const	ructi	on proj	ect		X		X	
С															
D															
Par	t II Proceeds											1			
	A					Α		В	1		С			D	
	Amount of bonds retired														
	Amount of bonds legally det					074 00	2.4	20 0	20 000						
3	Total proceeds of issue	iundo			/,	974,99		20,0	00,000.						
4	Gross proceeds in reserve f Capitalized interest from pro-	unus			:	502,94	14.								
- 6	Proceeds in refunding escre	NA/C													
	Proceeds in refunding escrows Issuance costs from proceeds					236,70) E	2.	70,526.						
						236,70	,5.		10,320.						
9	Working capital expenditure	s from proceeds													
	Capital expenditures from p							2 1	47,966.						
	Other spent proceeds					235,34	16	۷, ۱	11,300.						
	Other unspent proceeds					233,3-		17 5	31,508.						
	Year of substantial complete							11,5	31,300.						
					Yes	No	Y	es	No	Yes	N	0	Ye	s	No
14	Were the bonds issued as p	art of a current refunding	issue?			Х		-	Х						
	Were the bonds issued as p					- 21			X		-			_	
	Has the final allocation of p								X		+				
	Does the organization main of proceeds?	tain adequate books and r	ecords to support	the final allocation				Х							
Par									ļ						
						Α		В	1		С			D	,
					Yes	No	Y	es	No	Yes	N	o	Ye	s	No
1	Was the organization a part property financed by tax-exc	ner in a partnership, or a empt bonds?	member of an LLO	C, which owned					Х						
2	Are there any lease arrange bond-financed property?								Х						

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

Schedule **K** (Form 990) 2012

TEEA4401L 01/04/13

e Was the hedge terminated?. .

Part III Private Business Use (Continued) В С D No No Yes Yes Yes Yes No 3a Are there any management or service contracts that may result in private business use of bond-financed property? Χ **b** If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? X c Are there any research agreements that may result in private business use of Χ $\label{eq:difference} \begin{tabular}{ll} d\ |\ Yes'\ to\ line\ 3c,\ does\ the\ organization\ routinely\ engage\ bond\ counsel\ or\ other\ outside\ counsel\ to\ review\ any\ research\ agreements\ relating\ to\ the\ financed\ property?\end{tabular}.$ None Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government 응 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government 6 Total of lines 4 and 5. % % Does the bond issue meet the private security or payment test?.... 7 8 a Has there been a sale or disposition of any of the bond-financed property to a nongovenmental person other than a 501(c)(3) organization since the bonds were issued?. **b** If 'Yes', to line 8a, enter the percentage of bond-financed property sold or disosed of . 용 2 용 If 'Yes' to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? Χ Χ Part IV Arbitrage Yes No Yes No Yes No Yes No 1 Has the issuer filed Form 8038-T? Χ Χ 2 If 'No' to line 1, did the following apply? a Rebate not due yet? Χ **b** Exception to rebate?. **c** No rebate due?..... Χ If you checked 'No rebate due' in line 2c, provide in Part VI the date the rebate computation 3 Is the bond issue a variable rate issue? Χ Χ 4 a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? Χ Χ **b** Name of provider. c Term of hedge..... d Was the hedge superintegrated?.

BAA Schedule K (Form 990) 2012

TEEA4401L 01/04/13

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Inc.

Noncash Contributions

OMB No. 1545-0047

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

► Attach to Form 990.

Open To Public Inspection

Name of the organization The University of Connecticut Foundation

Employer identification number

06-6070722

Types of Property Part I (a) (c) (d) Method of determining noncash contribution amounts Chèck if Number of Noncash contribution applicable contributions or amounts reported on Form 990, items contributed Part VIII, line 1g Art - Fractional interests..... Books and publications..... 4 5 Clothing and household goods..... 6 7 Boats and planes..... 8 Intellectual property..... 9 Χ 75 2,849,674 Securities - Closely held stock..... Securities - Partnership, LLC, or trust interests. 11 Securities - Miscellaneous..... Qualified conservation contribution -13 Qualified conservation contribution — Other. 14 15 Real estate - Commercial..... 16 17 Real estate – Other..... 18 19 Food inventory..... 20 Taxidermy..... 21 Historical artifacts.... 23 Scientific specimens..... 24 Archeological artifacts..... 25 26 Other ► 27 Other ► 28 Other ► Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?..... 30 a **b** If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?.... Χ 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell

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

b If 'Yes.' describe in Part II.

describe in Part II.

noncash contributions?....

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2012

Χ

32 a

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

Open to Public Inspection

Name of the organization Employer identification number The University of Connecticut Foundation 06-6070722 Part V, Question 4 b Foreign countries which an account with a financial interest in was located during the calendar year: Bermuda, Canada, Cayman Islands, Ireland and Netherland Antilles. Schedule R - Related Organizations While the mission of the Foundation is to support the University, under IRS instructions the University does not meet the definition of a "related organization". The Foundation has ten ex-officio board members, six of whom serve by virtue or their position as a University employee. None of the six University employees are counted in determining quorum and none are entitled to vote on matters before the Board. No compensation is paid by the Foundation for their service as directors. Form 990, Part III, Line 1 The mission of The University of Connecticut Foundation, Inc. is to solicit, receive, invest and administer gifts and financial resources from private sources for the benefit of all campuses and programs of the University of Connecticut. The Foundation operates exclusively to promote the educational, scientific, cultural, research and recreational objectives of the University of Connecticut. As the primary fund-raising vehicle to solicit and administer private gifts and grants to enhance the University's mission, the Foundation supports the University's pursuit of excellence in teaching, research, and public service. Form 990, Part III, Line 4a - Program Service Accomplishments Endowed chairs and professorships The University of Connecticut Foundation, Inc. received gifts on behalf of donors restricted to the support of University of Connecticut faculty compensation and To ensure compliance with all University and state personnel policies and

Name of the organization The University of Connecticut Foundation , Inc.	Employer identification number 06-6070722
Form 990, Part III, Line 4a - Program Service Accomplishments	
for W-2 reporting purposes the University pays all faculty dir	ectly for compensation
related items. After receiving appropriate documents form the	University the
Foundation provides grants to the University to fund faculty of	compensation
expenditures.	
For non-compensation expenditures in support of faculty (e.g.,	research materials and
equipment), generally the expenditure is made to the vendor di	rectly by the
University with the Foundation then providing a grant to the U	niversity to fund the
expenditure after receiving appropriate documentation. Occasi	onally the Foundation
will pay the vendor directly.	
The expenditures are funded from investment income earned on e	endowment funds
restricted to support of faculty.	
Form 990, Part III, Line 4d - Other Program Services Description	
Equipment, furniture, and building improvements	
The University of CT Foundation receives gifts on behalf of do	nors restricted to the
support of equipment and furniture purchases and building impr	ovements. Generally
the expenditure is made to the vendor directly by the Universi	ty with the Foundation
then providing a grant to the University to fund the expenditu	re after receiving
appropriate documentation. Occasionally the Foundation will	pay the vendor
directly.	
The University of Connecticut provides payment to the Foundati	on for fund raising
and development expenses. The Foundation also earns a fee for	management of
endowment funds held by the University.	

Name of the organization The University of Connecticut Foundation , Inc.	Employer identification number 06-6070722
Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Co	mmittee
The Foundation Board has given the Executive Committee that	consists of the Chair,
Vice Chair, Chair of the Nominating and Board Governance Cor	nmittee, Foundation
President, and three or more at-large Board Members full pov	wer and authority as the
Board. The Executive Committee may meet and exercise all su	uch powers and authority
in the interim between the meetings of the Board. The Execut	tive Committee may not
fill Board vacancies, amend certificate of incorporation, ac	dopt amend or repeal
bylaws, approve plan for merger, approve sale, lease, exchange	nge_or_other_disposition
of_all, or substantially all, of the property, approve a pro	oposal to dissolve the
Corporation.	
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Dire	ctors, Etc.
Board members Constance Weaver and Mark Boxer serve on the k	ooard of the Bushnell, a
non-for-profit arts organization.	
Form 990, Part VI, Line 11b - Form 990 Review Process	
The Form is prepared by the Foundation and reviewed by manage	gement and the
Foundation's Audit Committee. The Form is provided to the	entire Board before it is
filed.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of	Conflicts
Annually the Foundation board members, officers and employee	es are sent a copy of the
Foundation's Conflict of Interest questionnaire that they are	re required to complete
and return to the Foundation. The responses are then review	wed by the Foundation's
in-house legal counsel, with any potential conflicts reviewed	ed with the Nominating
and Governance Committee of the Board and the full Board as	appropriate.
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO	, Top Management
The Foundation's salary structure is market-driven and under	rgoes a rigorous,
periodic review under which compensation levels are compared	d to organizations of
similar size and mission. The salaries and benefits of the	UCONN Foundation's

Name of the organization The University of Connecticut Foundation , Inc.	Employer identification number 06-6070722
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top	o Management (continued)
officers and key employees are subject to approval in advance of	of payment by a
majority of disinterested directors on the HR Committee of the	Board of Directors
and_subsequently_by_a_majority_of_disinterested_directors_on_th	ne Executive Committee
of the Board of Directors. The officers and key employees are	not in a position of
control with respect to either Committee. The Committees rely	on appropriate
comparability data in determining the reasonableness of the comparability data in determining the reasonableness data data data data data data data da	npensation packages.
Minutes adequately documenting the basis for the HR Committee a	and the Executive
Committee's decisions are maintained. The approval of compensations	ation packages occurs
in June for compensation to be paid in the subsequent fiscal years.	ear.
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers	& Key Employees
See 15a	
Form 990 , Part VI, Line 17 - List of States which this Return is Filed	
AR AK CA IL KS KY LA ME MD MA MI MN NH NJ ND OH OR RI SC UT WA	A DC WV WI
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
The Foundation's financial statement and conflict of interest p	policy are posted on
the Foundation's web site and on the Electronic Municipal Market	et Access system
(EMMA), which is available to the public. The Foundation also	posts an annual
report and annual debt filing on EMMA. The Foundation's Article	les of incorporation,
IRS Determination Letter and By-laws are available upon request	<u>.</u>

2012Client 1

2/27/14

Schedule O - Supplemental Information

Page 3

The University of Connecticut Foundation ,Inc.

06-6070722 09:54AM

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Bad Debt Expense.	\$ -197,949.
R&D Expense	-773,211.
R&D Revenue	7,208.
Total	\$ -963,952.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2012
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

The University of Connecticut Foundation , Inc.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ★ Attach to Form 990. ► See separate instructions.

Employer identification number

06-6070722

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)											
(a) Name, address, and EIN (if applicable) of disregarded en	tity Primary	b) y activity	Legal dom	c) nicile (state n country)	Тс	(d) otal income	End-c	(e) of-year assets	Direc	(f) t control entity	lling
(1)											
(2)											
<u>(3)</u>											
Part II Identification of Related Tax-Exempt Or	ganizations (Compl	ete if the or	ganizatior	n answere	d 'Yes	' to Form 990), Part	IV, line 34 b	ecause	e it had	
one or more related tax-exempt organiza (a)	(b)	, ((c)	(d)		(e)		(f)		(q))
Name, address, and ElÑ of related organization	Primary activity	Legal don	nicile (state n country)	(d) Exempt (sectio	Code n	(e) Public charity (if section 501	status (c)(3))	(f) Direct contro entity	olling	Sec 512(controlled	b)(13) entity?
										Yes	No
(2)											
(2)											

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

TEEA5001L 12/28/12

Schedule **R** (Form 990) 2012

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

bookass it had sho st more related organizations treated as a partitioning daring the tax year.												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		K-1 (Form	(j) General or managing partner?		(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>												
(2)												
(3)												

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

					,	. *			
Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	controlled éntit	
				0. 0.000				Yes	No
(1) UConn Research and Development	Start ups	CT	N/A	C Corp	7,208.	593,505.	100.00	X	
400 Farmington Ave									
Farmington, CT 06032									
06-1145567									
(2) Charitable Remainder Trust(11)	Development	CT	N/A	Trust	0.	0.			Х
2390 Alumni Drive									
Storrs, CT 06269									
(3)									
£	1	1							

BAA TEEA5002L 12/28/12 Schedule **R** (Form 990) 2012

(6) BAA

Schedule **R** (Form 990) 2012

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to F	Form 990, Part IV,	line 34, 35b, or 36	.)					
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations lis	ted in Parts II-IV?							
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1а		Х			
b Gift, grant, or capital contribution to related organization(s)			1b	Х				
c Gift, grant, or capital contribution from related organization(s).			1с		Х			
d Loans or loan guarantees to or for related organization(s).			1 d		X			
e Loans or loan guarantees by related organization(s)			1е		Х			
f Dividends from related organization(s).					X			
g Sale of assets to related organization(s)					X			
h Purchase of assets from related organization(s).					X			
i Exchange of assets with related organization(s).					X			
j Lease of facilities, equipment, or other assets to related organization(s)			1j		X			
k Lease of facilities, equipment, or other assets from related organization(s)			1k		Х			
I Performance of services or membership or fundraising solicitations for related organization(s)			11		Х			
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m		X			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).								
o Sharing of paid employees with related organization(s).			1о		X			
p Reimbursement paid to related organization(s) for expenses.								
q Reimbursement paid by related organization(s) for expenses.			1q		X			
			1r	Х				
r Other transfer of cash or property to related organization(s)								
s Other transfer of cash or property from related organization(s)			1s		X			
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered								
(a) (b) (c) (c) Transaction Method type (a-s)								
(1) UConn Research and Development Corp. b 550,000.Cas								
(2) UConn Research and Development Corp. p 550,000.Cas								
(3) Charitable Remainder Trust (11)	r	53,811.	Cash					
(4)								
(5)								

TEEA5003L 12/28/12

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under section 512-514)	000	tion	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	managing		(k) Percentage ownership
			section 512-514)	Yes	No	*		Yes	No		Yes	No	Ī
(1)													
(2)													
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BAA TEEA5004L 12/28/12 Schedule R (Form 990) 2012

Page 5

Schedule R (Form 990) 2012