Continued of the Cont	,	Λ <del>-</del>	Ex	empt Organiz						:p, [	OMB No 1545-0	0687
Department of the Treatery Interest Reviews Service Service Pool not received Reviews Revie	Form 99	ו -טי								10W F	00.45	
Name and enter Server   Name of comparison   Name of origination of the Check box of an enter SM numbers on the form as it may be made public if your organization is a 501(c))   2676 B/Pathicians number of address changed   Name of origination of (Check box of name changed and see instructions)   Demogratical public interpretation of the comparison o			For cale	ndar year 2018 or other tax	year begin	ning _	07/01 , <b>2018,</b> ;	and endu	ng <u>06/30</u> , <b>2</b>	019	2018	3
December of address changed   December of the parameter of the paramete	•	-								- 1	Open to Public Inspe	ection for
Exempt undequedoon   First   Number, circuit, and room or suite no if a P O bot, see instructions   S2-1125663	$\overline{}$		Do									
Number, street, and room or sute no If a P O box, see instructions   S2-11.25.663   Euconomic Business activity of 33.00 METZEROTT ROAD   City or town, state or province, country, and 2P or freeign postal code   S2590.0   S2				Name of organization (	_ Check b	ox if nar	ne changed and see ir	istruction	s)			
Number, street, and room or suite no If a P O box, see instructions   S2-11.25.653   Elumenters bursers settively of depth   300   METZEROTT ROAD   City or town, state or province, country, and 2P or foreign postal code   S25900   S259	B Evernet und	les section	ł	INIVERSITY OF	MARYL	AND	FOUNDATION.	INC.				
C   Book value of all assets and value of the parent comporation   D   C   C   C   C   C   C   C   C   C		ż١	Print			_			<del>-</del>	52-11	L25663	
3300   S200   S200   Care remainance   Care r	H-100''						,				<del></del>	ty code
City or form, state or province, country, and ZIP or foreign posal code and of year   City or form, state or province, country, and ZIP or foreign posal code and of year   F Group posemption number (See instructions)   N/A   G Check organization type   X   Soff(c) corporation   Soff(c) trust   Q (in the control of the organizations unrelated trades or businesses   P   ATCH     If only one, complete Parts IV If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V   During the tax year, was the corporation a substidiary in an affiliated group or a parent-substidiary controlled group?			i ype	3300 METZEROTT ROAD							structions)	
F Group exemption number (See instructions ) ▶ N/A   G Check organization type ▶ X   501(c) corporation   501(c) trust   401(a) trust   Other		(-)		City or town, state or prov								
F Group exemption number (See instructions)   M/A			1	ADELPHI, MD 2	0783					52590	00	
Hence the number of the organization's unrelated trades or businesses ▶ 2 Describe the only (or first) unrelated trade or business here ▶ ATCH 1 If only one, complete Parts IV if more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III.∨  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ▶ Ves X If "Yes," enter the name and identifying number of the parent corporation  I The books are in care of ▶RCY HOSSLER  Telephone number ▶ 301-445-8040  Z Telephone number	at end of ye	ar	F Gro	up exemption number (S	ee instruct	ions ) l	► N/A					
trade or business here ▶ ATCH 1   If only one, complete Parts I-V   If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III.V    I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?			G Che	ck organization type 🕨	X 501	(c) co	rporation	501(c	) trust	401(a)	trust Ot	her trust
first in the blank space at the end of the previous sentence, complete Parts 1 and II, complete a Schedule M for each additional trade or business, then complete Parts III.V  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If "Yes," enter the name and identifying number of the parent corporation  I During the tax year, was the corporation as ubsidiary in an affiliated group or a parent-subsidiary controlled group?  If "Yes," enter the name and identifying number of the parent corporation  I During the tax year, was the corporation as ubsidiary in an affiliated group or a parent-subsidiary controlled group?  I Telephone number ■ 301-445-8040  Part Unrelated Trade or Business Income  (A) Income  (B) Expenses  (C) Net  I a Gross receipts or sales  Less returns and selevances  2 Cost of goods sold (Schedule A, line 7),  3 Gross profit Subtract line 2 from line 1c  3 4a  4a Capital gain net income (attach Schedule D),  4a Business and selevances  5 Income (loss) from a partnership or an S corporation (stach statement),  5 4-4,809,332. ATCH 2 -4,809,3  6 Rent income (Schedule C),  6 Income (loss) from a partnership or an S corporation (stach statement),  5 4-4,809,332. ATCH 2 -4,809,3  6 Rent income (Schedule C),  10 Exploited exempt activity income (Schedule E),  11 Advertising income (Schedule I),  12 Other income (Schedule I),  13 Total. Combine lines 3 through 12,  14 23,0  15 Salaries and wages  16 CGDEN UT  18 Interest (attach schedule) (see instructions)  19 Taxes and licenses  CGDEN UT  19 Salaries in displayed the first interest income (see instructions Schedule K), Income (see instructions Attach schedule)  19 Depretion (attach from 4562),  20 Charitable contributions (see instructions)  10 Exploited exempt activity income (Schedule I),  10 Exploited exempt activity income (Schedule I),  11 Advertising income (Schedule I),  12 Exess readership costs (Schedule I),  22 Contributions to deferred compensation plans  23 Depletion (24 Exemp	H Enter the	number of	the orga	nization's unrelated trades	s or busine	sses	<b>▶</b> 2		Describe	the only	(or first) unrelated	
Trade or business, then complete Parts III-V   During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   Yes   X	trade or b	ousiness her	e ▶ <u>A</u> '	TCH 1			If or	nly one,	complete Parts I-	V If more	e than one, describ	e the
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   Ves   X	first in th	e blank spa	ice at the	end of the previous sen	tence, co	mplete	Parts I and II, comp	olete a S	chedule M for eac	h addition	nal	
If "Yes," enter the name and identifying number of the parent corporation    The books are in care of ▶ROY HOSSLER   Telephone number ▶ 301-445-8040   Part   Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Net												<b>v</b> 1
The books are in care of ▶ROY HOSSLER								sidiary o	controlled group?		▶ ∐ Yes	No
Part   Unrelated Trade or Business Income					parent co	rporation		alechoo	e number > 30	1-445-	8040	
1a Gross receipts or sales										•	T	<u> </u>
b Less returns and allowances				Di Busilless ilicolle	<u> </u>	1	(A) income		(b) Expen	363	, (C) Net	•
2 Cost of goods sold (Schedule A, Inne 7) 2 3 Gross profit Subtract line 2 from line 1c 3 3		•		c	Balance >	10			•			
3 Gross profit Subtract line 2 from line 1c												•
4a Capital gain net income (attach Schedule D)  b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts  fincome (loss) from a partnership or an Scorporation (attach statement).  5		-	•	•		-						
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797), c Capital loss deduction for trusts		•				4a						
5						4b						
6 Rent income (Schedule C)	c Capita	ıl loss dedu	ction for t	rusts		4c						
7	5 Income	(loss) from a p	artnership o	r an S corporation (attach stateme	ent)	5	-4,809,	332.	ATCH 2		-4,809	9,332.
Interest, annuites, royalties, and rents from a controlled organization (Schedule F)  9	6 Renti	ncome (Sch	edule C)			6						
10   Exploited exempt activity income (Schedule I)   10   10   11   11   12   12   13   -4 ,809 ,332   -4 ,80	7 Unrela	ated debt-fii	nanced in	come (Schedule E)		7						
10   Exploited exempt activity income (Schedule I)   10   11   11   12   13   14   15   15   15   15   15   15   16   16	8 Interest	, annuities, roy	alties, and re	nts from a controlled organization	(Schedule F)	8	,			_		
11   Advertising income (Schedule J)   11   12   13   Total. Combine lines 3 through 12   13   -4,809,332	9 Investme	ent income of a	section 50	1(c)(7), (9), or (17) organization	(Schedule G)	$\overline{}$						
12 Other income (See instructions, attach schedule) 12 13 Total. Combine lines 3 through 12 13 -4,809,332 -4,8		•	-								ļ. <u> </u>	
Total. Combine lines 3 through 12. 13 -4,809,332 -4,809,3  Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K) Compensation officers, directors, and trustees (Schedule K) Compensation of officers, and trustees (Schedule K) Compensation of officers, and trustees (Schedule K) Compensation of officers, and trustees (Schedule K) C						<del></del>						<del></del>
Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)    Compensation of officers, directors, and trustees (Schedule K).   Compensation officers, directors, and trustees (Schedule K).   Compensati							-4 809	333	, , ,		-4 809	9 332
deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K) 12 U 1	Dow't II I	Combine II	nes 3 thr	ougn 12	· · · · ·	1 13	ne for limitation	332.	loductions \ (	Evcent f		
14 Compensation of officers, directors, and trustees (Schedule K). The DELVED 15 Salaries and wages 15 48,77  16 Repairs and maintenance 16 JUN. 2 2.2020 17 16 16 16 17 18 Interest (attach schedule) (see instructions) 18 18 17 18 18 19 18 18 19 18 18 19 18 18 19 18 18 19 18 18 19 18 18 19 18 18 19 18 18 19 18 18 19 18 18 19 18 18 19 18 18 19 18 18 19 18 18 19 18 18 18 19 18 18 19 18 18 18 18 18 19 18 18 18 18 18 18 18 18 18 18 18 18 18										zxcept i	or continuation	э,
Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Interest (attach s	14 Comp	ensation of	officers	directors and trustees (S	chedule K	TX SI	CETVED	33 11100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14	2	3,096
Repairs and maintenance								ပ္ကု			+	8,735
17 Bad debts	16 Repai	rs and main	tenance				N. 2 2 2020			· ·		
Interest (attach schedule) (see instructions)  Taxes and licenses  Charitable contributions (See instructions for limitation rules)  Depreciation (attach Form 4562).  Less depreciation claimed on Schedule A and elsewhere on return  Depletion.  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I).  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28.	17 Bad d	ebts			Ŏ		M. B 5.5056 .	(ဗွ)				
Charitable contributions (See instructions for limitation rules)	18 Intere	st (attach s	chedule)	(see instructions)		171 (1)	ama herrio ja ak aliferir	=		18		
Charitable contributions (See instructions for limitation rules)	19 Taxes	and license	s			$\mathcal{O}_{\mathcal{G}}$	iJEN, UT	.   .		19	30	6,696
22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25       6,4         26       Excess exempt expenses (Schedule I)       26         27       Excess readership costs (Schedule J)       27         28       Other deductions (attach schedule)       ATCH       3         29       Total deductions. Add lines 14 through 28       148,4	20 Charit	table contril	outions (	See instructions for limital	tion rules)					20		
23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25       6,4         26       Excess exempt expenses (Schedule I)       26         27       Excess readership costs (Schedule J)       27         28       Other deductions (attach schedule)       ATCH       3         29       Total deductions. Add lines 14 through 28       49       148,4	21 Depre	ciation (atta	ach Form	4562),			21		. <u>.</u>	:	_	
24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25       6 , 4         26       Excess exempt expenses (Schedule I)       26         27       Excess readership costs (Schedule J)       27         28       Other deductions (attach schedule)       ATCH       3         29       Total deductions. Add lines 14 through 28       49       148 , 4	22 Less	depreciation	n claimed	on Schedule A and elsev	where on r	eturn	225	ı		22b		
25       6,4         26       Excess exempt expenses (Schedule I).       26         27       Excess readership costs (Schedule J).       27         28       Other deductions (attach schedule).       ATCH. 3.       28       33,4         29       Total deductions. Add lines 14 through 28.       49       148,4										T .		
26       Excess exempt expenses (Schedule I).       26         27       Excess readership costs (Schedule J).       27         28       Other deductions (attach schedule).       ATCH. 3.       28       33,4         29       Total deductions. Add lines 14 through 28.       29       148,4												
27 Excess readership costs (Schedule J)											<del>                                     </del>	6,457
28       Other deductions (attach schedule)       ATCH. 3.       28       33,4         29       Total deductions. Add lines 14 through 28.       148,4											<del> </del>	
29 Total deductions. Add lines 14 through 28											ļ	3 497
									·· 4164.3	·4.   38		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \												
	30 Unrela	ated busine	ss taxat	ne income perore net	operating	1055	reflection Subtra	OL IINE	∠a itoi⊔ iiue j	30	+	., 013.
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income Subtract line 31 from line 30	31 Deduc	ction for ne	coperatir	e income. Subtract line 9	is beginnii 11 from line	ay Tigion (	or anter January 1, 2	v 10 (Se	ະ ທາຣແພບແບກຮ) ່ ໃ	)\ \ <del>\\</del>	-4.95	7,813.
For Paperwork Reduction Act Notice, see instructions  8X2740 1 000 JSA  Form 990-T (					, non int							



### UNIVERSITY OF MARYLAND FOUNDATION, INC.

52-1125663

Form	990-T (20	18)			F	age 2
Par	t III	Total Unrelated Business Taxable Income				
33	Total c	f unrelated business taxable income computed from all unrelated trades or businesses (see				
	instruct	ons)	33	1	18,1	195.
34	Amount	s paid for disallowed fringes	34			
35	Deducti	on for net operating loss arising in tax years beginning before January 1, 2018 (see				
		ons)	35	1	18,1	195.
36	Total o	f unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
		33 and 34	36			
37	Specific	deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,(	000.
38		ed business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	1			
•••		e smaller of zero or line 36	38			Ο.
Par		Tax Computation				
39		ations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
40	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on	<del>                                     </del>			
		nunt on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
44		ax. See instructions	41			
41		ive minimum tax (trusts only).	42			
42 43		Noncompliant Facility Income See instructions				
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies				
Par		Tax and Payments	1 44 1			
			Г			
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	-			
		redits (see instructions)	1			
C	General	business credit Attach Form 3800 (see instructions)	1			
		or prior year minimum tax (attach Form 8801 or 8827)				
		edits. Add lines 45a through 45d	45e			—
46		t line 45e from line 44	46			
47		tes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).				0.
48		x. Add lines 46 and 47 (see instructions)	48			<del></del>
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
		its A 2017 overpayment credited to 2018				
		stimated tax payments	- 1			
		osited with Form 8868	-			
		organizations Tax paid or withheld at source (see instructions)	-			
		withholding (see instructions)	-	′		
		or small employer health insurance premiums (attach Form 8941)	-			
g		edits, adjustments, and payments Form 2439				
		orm 4136 Other Total ▶ 50g				
51		ayments Add lines 50a through 50g	51			
52		ed tax penalty (see instructions) Check if Form 2220 is attached	52			
53		. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	-	yment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55		e amount of line 54 you want	55			
	rt VI	Statements Regarding Certain Activities and Other Information (see instruction		[	V	N <sub>2</sub>
56	•	time during the 2018 calendar year, did the organization have an interest in or a signature or		· F	Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	•			
	_	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	roreign	country		الــــا
	here <b>&gt;</b>					X
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust	?		X
		see instructions for other forms the organization may have to file				
<u>58</u> -		ne amount of tax-exempt interest received or accrued during the tax year \$	heet of -	, knowledes	nd hat	iof 15 m
٠.	l tri	nder penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the live, correct and complete. Begaration of prenator (other than taxpayer) is based on all information of which preparer has any knowledge	nescot mi	, knowledge a	u beli	ет, IL IS
Sig	n   📐	1 (/y/10 ) GEO	-	RS discuss		
Her	–		th the	preparer sh	own t	- I
	s		e instructio	ns) <sup>2</sup> X Ye	s	No
Paid	4	Print/Type preparer's name Preparer's signature Date Chec	k L ıf	PTIN		
	parer		employed	P018		
	Only		s EIN 🕨	13-5382		
		Firm's address ▶ 8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102 Phon	<sub>e no</sub> _70	3-893-0		
104				Form 99	10-T	(2018)

8X2741 1 000

JSA



Form 990-T (2018)									1	Page 3
Schedule A - Cost of Go	ods Sold. Er	ter method	d of invento	ry valuation I	<b>&gt;</b>			_		
1 Inventory at beginning of y	ear . 1			6 Inventory	at end of yea	ar	_6			
2 Purchases	2			7 Cost of	goods so	id. Subtract line				
3 Cost of labor	3	_		6 from I	ine 5 En	iter here and in	_			
4a Additional section 263A co	osts			Part I, line	2		7			
(attach schedule)	4a		1			section 263A (v		espect to	Yes	No
<b>b</b> Other costs (attach schedu				property	produced	or acquired fo	r resa	ile) apply		
5 Total. Add lines 1 through	· —			to the orga	nization?	<u> </u>				Х
Schedule C - Rent Income	(From Real P	roperty a	nd Person	al Property	Leased V	Vith Real Prope	rty)			
(see instructions)	•									
1. Description of property					·					
(1)										
(2)				•	_					
(3)								_		
(4)										
	2 Rent recei	ved or accrue	ed							
(a) From personal property (if the	percentage of rent	(b) F	rom real and r	personal property	(if the	3(a) Deductions of	lirectly o	onnected with	the inco	ome
for personal property is more th		percenta	age of rent for	personal property	exceeds			2(b) (attach sch		
more than 50%)		50% or	if the rent is t	pased on profit or	income)					
(1)										
(2)										
(3)										
(4)										
Total		Total					-			
(c) Total income Add totals of co	olumns 2(a) and 2(	b) Enter				(b) Total deduction Enter here and o		1		
here and on page 1, Part I, line 6						Part I, line 6, colu				
Schedule E - Unrelated De			e instructio	ns)						
				ncome from or	3 [	Deductions directly co			le to	
1 Description of deb	t-financed property		allocable to	debt-financed	(a) Strain	ht line depreciation	nced property (b) Other deductions			
			pre	operty	(attach schedule)		(attach schedule)			
(1)										
(2)										
(3)										
(4)										
4 Amount of average	5. Average adju		6.0	Column			A	Allocable ded	luctions	
acquisition debt on or allocable to debt-financed	of or alloca debt-financed		4 0	livided		income reportable n 2 x column 6)		umn 6 x total (	of colum	
property (attach schedule)	(attach sche		by c	olumn 5	(0010111	n z x dolamii o)		3(a) and 3(	(b))	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
				_		re and on page 1,		er here and c		
					Part I, lır	ne 7, column (A)	Par	t I, line 7, col	umn (E	3)
Totals										
Total dividends-received deduct					<del></del>					

Form **990-T** (2018)



Form 990-T (2018)

IVERSITY	OF	MARYLAND	FOUNDATION,	INC.

Schedule F-Interest, Annu	uities, Royalties	, and Ren	ts Fro	m Contro	lled Or	ganizat	ions (see	instruction	ns)	
				ntrolled Org						
Name of controlled organization	2 Employer identification numb	נו ו		ited income istructions)	4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)						•				-
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7 Taxable Income	8. Net unrelated in (loss) (see instruc	I		otal of specific syments made		includ	rt of column ed in the co zation's gros	ntrolling		Deductions directly inected with income in column 10
(1)	****									
(2)										
(3)	_									
(4)				_						
Totals			:)(7)	<u> </u>	▶	Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A)	Ent	Id columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of			3 Deduction directly corticated school	tions nected		4 Se	t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)				-			· · · · ——			
(3)	_									
(4)										
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c		er Th	an Adverti	ising Ir	icome (	see instru	ctions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly connected productio unrelate	directly from unrelated or business 2 minus could life a gain, of		us column 3) from		Gross income m activity that not unrelated siness income		ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,			<b>'</b>				Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising in	ICOMA (see instr	uctions)		l						<del></del>
Part I Income From Per			onsoli	idated Rad						
Part Income From Fer	Toulcais Report	eu on a C	Ulisuii	Lateu Das	313	<del>-</del>				
1 Name of periodical	2 Gross advertising income	3 Direc advertising		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute		culation come	6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				1						
(3)				1						
(4)				1						
Totals (carry to Part II, line (5))					-					Form <b>990-T</b> (2018

Orm	ggn-T	(2018)	

UNIVERSITY OF MARYLAND FOUNDATION, INC.

52-1125663

Page 5

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis ) Part II

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	-					
(2)	_					
(3)						
(4)						
Totals from Part I						_
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,		. ,	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶			-	1		
Schedule K - Compensatio	n of Officers D	irectors and Tr	ustees (see instr	ructions)		

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2) ATCH 5		%	
(3)		%	
(4)		%	- · ·
Total. Enter here and on page 1, Part II, line 14			23,096.

Form **990-T** (2018)

### **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

2018

Department of the Treasury

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending

▶ Go to www irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Internal Revenue Service Name of organization

UNIVERSITY OF MARYLAND FOUNDATION, INC.

Employer identification number 52-1125663

Unrelated business activity code (see instructions) ▶ 900004

Total Combine lines 3 through 12......

	Describe the unrelated trade or business ► EXPLOITED A	CTIV	/ITY		
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)				
8	Interest, annuities, royalties, and rents from a controlled				-
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I) . ATCH. 6.	10	118,195.		118,195.
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total Combine lines 3 through 12	13	118,195.		118,195.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions ) (Except for contributions, deductions must be directly connected with the unrelated business income ) 14 Compensation of officers, directors, and trustees (Schedule K). . . . . 14 15 15 16 Renairs and maintenance 16 17 17

18 19 19 20 20 21 21 22a 22b 22 Less depreciation claimed on Schedule A and elsewhere on return . . . . . . 23 23 Contributions to deferred compensation plans . . . . . . . . . . . . 24 24 25 25 26 26 27 27 28 28 29 29

30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 31

118,195. 30

32

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

118,195.

ATTACHMENT 1

# ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

INVESTMENT INCOME FROM PARTNERSHIPS

# ATTACHMENT 2

# FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

	564 010
ANRP II (AIV P), L.P.	-564,018.
ANRP II (AIV), L.P. APOLLO MANAGEMENT, L.P.	504,649.
ANRP II (AIV-A), L.P. APOLLO MANAGEMENT, L.P.	-388,268.
CASTLELAKE CL V INVESTMENTS USA LLC	-7,345.
COLONY DISTRESSED CREDIT & SPECIAL SITUATION III	1,661.
COLONY DISTRESSED CREDIT & SPECIAL SITUATION IV	4,241.
CVC CAPITAL PARTNERS VI (B) L.P.	36,269.
	23,966.
CVC CAPITAL PARTNERS VII (A) L.P.	
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS L.P.	-1,653.
ENCAP ENERGY CAPITAL FUND XI, L.P.	-87,375.
ENCAP ENERGY CAPITAL FUND X, L.P.	-2,483,215.
ENCAP FLATROCK MIDSTREAM FUND III, L.P.	-988,518.
GAMUT INVESTMENT FUND I, L.P.	845.
OAKTREE REAL ESTATE OPPORTUNITIES FUND VII, L.P.	73,714.
OCH-ZIFF REAL ESTATE TE FUND, L.P.	184,241.
ROCKWOOD CAPITAL REAL ESTATE PARTNERS FUND VII	-180.
	91,142.
ACCOLADE PARTNERS IV, L.P.	
ACCOLADE PARTNERS II, L.P.	1,961.
ACCOLADE PARTNERS III, L.P.	23,951.
AEW SENIOR HOUSING INVESTORS III, L.P.	-437,765.
CHARLESBANK EQUITY FUND VI, L.P.	-3,295.
CIM FUND VIII AIV 2, L.P.	-2,508.
CIM FUND VII, L.P.	75,522.
GLOBAL INFRASTRUCTURE PARTNERS III-A/B, L.P.	-282,500.
GLOBAL INFRASTRUCTURE PARTNERS III-A/B AIV, L.P.	40,059.
GSO ENERGY SELECT OPPORTUNITIES FUND AIV-2 L.P.	-146,754.
ADVENT INTERNATIONAL GPE VIII-B L.P.	-1,766.
CAMPUS-CLARION STUDENT HOUSING PARTNERS L.P.	9,084.
ENERVEST ENERGY INSSTITUTIONAL FUND XI-A, L.P.	1,280,398.
HIGHFIELDS CAPITAL IV L.P.	-1,414.
	-305.
PARKS STREET NATURAL RESOURCE FUND II, L.P.	
KAYNE ANDERSON REAL ESTAET PARTNERS, V, L.P.	-13,130.
ANRP II (AIV FS), L.P.	-3,792.
CL V VENTURES OFFSHORE, LLC	617.
CL V INVESTMENTS OFFSHORE, LLC	-10,946.
CL V DEBT SOLUTIONS, LLC	3,442.
BCP FUND II, L.P.	-54,315.
APOLLO INVESTMENT FUND IX, L.P.	6,926.
AEW SENIOR HOUSING INVESTORS II, L.P.	-608,655.
ENCAP FLATROCK MIDSTREAM FUND IV, L.P.	-1,140,977.
GC FUND III RP AIV, L.P.	-60,606.
	14,960.
RIVERSTONE CREDIT PARTNERS II, L.P.	•
RIVERSTONE CREDIT PARTNERS II - DIRECT, L.P.	148,419.
PLATINUM EQUITY CAPITAL KESTREL PARTNERS, L.P.	-1,946.
PLATINUM EQUITY CAPITAL PARTNERS INTL III, L.P.	-24,996.
PLATINUM EQUITY SPECIAL SITUATIONS PTNRS IV, L.P.	149.

UNIVERSITY OF MARYLAND FOUNDATION, INC.

52-1125663

# ATTACHMENT 2 (CONT'D)

PLATINUM EQUITY CAPITAL SPRAY PARTNERS, L.P. GSO ENERGY SELECT OPPORTUNITIES FUND AIV-5 L.P. GEM REALTY FUND III, L.P.

-38,479.

19,195.

-22.

INCOME (LOSS) FROM PARTNERSHIPS

-4,809,332.

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

CUSTODIAN FEES

33,497.

PART II - LINE 28 - OTHER DEDUCTIONS

33,497.

### ATTACHMENT 4

# FORM 990-T: PART III - LINE 35 - PRIOR YEARS NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
06/30/1999			
06/30/1999			
06/30/2000			<i>'</i>
06/30/2001			
06/30/2002			
06/30/2004			
06/30/2005		-	
06/30/2006			
06/30/2007			
06/30/2008			
06/30/2009			
06/30/2010			
06/30/2011			
06/30/2012			
06/30/2013			
06/30/2014			
06/30/2015			
06/30/2016	007 400	005 100	110 105
06/30/2017	227,499.	227,499.	118,195.
06/30/2018	2,873,608.	2,873,608.	
TOTAL:	3,101,107.	3,101,107.	118,195.
NEW ODERAMING I		DDIOD VENDO	3,101,107.
		PRIOR YEARS 4 ON PAGE 2, 990T))	
TAXABLE INCOME	(20th Ot LIME 22 & 2)	H ON PAGE 2, 3301))	110,193.
	NET OPERATING LOS	SS DEDUCTION	118,195.

ATTACHMENT 5

SCHD	K	FORM	990-T.	COMPENSATION	OF	OFFICERS.	DIRECTORS	. ک	TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
LEONARD R. RALEY 3300 METZEROTT ROAD ADELPHI, MD 20783	CHIEF EXECUTIVE OFFICER	6.000000	23,096.
\ TOTAL COMPENSATION		5	23,096.

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# SCHEDULE M LINE 10 - SCHEDULE I? EXPLOITED EXEMPT ACTIVITY INCOME

	7	EXCESS	EXEMPT	EXPENSES			
	9	EXPENSES	ATTRIBUTABLE	TO COL. 5			
		2	GROSS INCOME	FROM ACTIVITY			
		4	NET INCOME	OR (LOSS)	118,195		
	٣	EXPENSES	DIRECTLY	CONNECT			
2	GROSS	UNRELATED	BUSINESS	INCOME	118,195	118,195	
			Г	EXPLOITED ACTIVITY	AFFINITY PROGRAM	COLUMN TOTALS	