Department of the Treasury Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public

Inspection

<u>A</u>	For th	e 2010 calendar year, or tax year beginning and	enaing U	ON 30, 4011	
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre		NC.		
	Name Chang	Doing Business As		23-7	03678 <u>0</u>
	]initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
F	Tërmi			410-	837-6148
. =	Amen	ded Characteria state an equation and ZID 1.4		G Gross receipts \$	4,951,881.
F	Appli			H(a) Is this a group re	
ь_	pendi	F Name and address of principal officer: VERNON H. C. WRIGH:	Τŀ	for affiliates?	Yes X No
		SAME AS C ABOVE	-	H(b) Are all affiliates incl	
	Tourn	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 527	1	list. (see instructions)
		te: WWW. UBFOUNDATION. ORG	01 (	H(c) Group exemption	•
		forganization: X Corporation Trust Association Other	1 Vear		State of legal domicile: MD
	art I	Summary	I L TOUT	07101711010017 X 3 0 3 1 11	Charles of Togal Commonical East
- Al	1	Briefly describe the organization's mission or most significant activities: ESTAL			
Governance		FUNDS, AND PROVIDE FINANCIAL SUPPORT TO !	THE UN	IVERSITY OF	BALTIMORE.
Ë	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
×	3			3	<u>29</u>
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	<u>29</u>
భ	1	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		i i	5
ńτie	1	Total number of volunteers (estimate if necessary)		i i	102
Activities	1	Total unrelated business revenue from Part VIII, column (C), line 12		i i	0.
⋖	1	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
A)	8	Contributions and grants (Part VIII, line 1h)		11,169,244.	2,635,991.
nu	1	Program service revenue (Part VIII, line 2g)		116,296.	67,114.
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	I .	1,968,471.	1,485,191.
ŭ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	26,549.	45,909.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	13,280,560.	4,234,205.
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø	١	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		266,853.	344,574.
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		117,988.	144,260.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25)   647,64			
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,706,849.	2,435,657.
	•	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	3,091,690.	2,924,491.
	i	Revenue less expenses. Subtract line 18 from line 12	1	10,188,870.	1,309,714.
res Ses	1			ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		58,169,168.	65,141,699.
ASS	21	Total liabilities (Part X, line 26)		441,901.	338,787.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		57,727,267.	64,802,912.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is
frie	Corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
	,	In Intho			
Sig	n	Signature of officer		Date	5
Hei		VERNON H.C. WRIGHT, CHAIR		3-1	4-12-
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	đ	SUSAN KELLER Sugar faller		Date Check C if self-employe	d
	- parer	Firm's name ELLIN & TUCKER, CHARTERED		Firm's EIN	
	Only	Firm's address 100 S CHARLES ST SUITE 1300			•
		BALTIMORE, MD 21201		Phone no. 4	10-727-5735
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	rt III   Statement of Program Service Accomplishments
1 6	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
'	TO RAISE AND MANAGE FUNDS AND TO PROVIDE FINANCIAL SUPPORT TO THE
	UNIVERSITY OF BALTIMORE. THE FOUNDATION PROVIDES LEADERSHIP, GUIDANCE,
	AND SUPPORT TO THE UNIVERSITY'S ADMINISTRATION IN ADVANCING THE
	MISSION AND VISION OF THE UNIVERSITY.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
4a	allocations to others, the total expenses, and revenue, if any, for each program service reported.  (Code:) (Expenses \$ 1,686,968 • including grants of \$ )(Revenue \$ 113,023 • )
40	(Code:) (Expenses \$ 1,686,968. including grants of \$) (Revenue \$113,023.)  ALL PROGRAM SERVICE EXPENSES AND DISTRIBUTIONS SUPPORT THE EDUCATIONAL
	ACTIVITIES OF THE UNIVERSITY OF BALTIMORE. THE FOUNDATION SUPPORTED
	INITIATIVES OF THE UNIVERSITY SUCH AS SCHOLARSHIPS, FACULTY SUPPORT,
	AND COMMUNITY OUTREACH PROGRAMS.
	TATE CONTINUE TO CHARLES TO CHECKED!
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$ )
	·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·
4 .	Others and the Control of the Contro
4d	Other program services. (Describe in Schedule O.)
4.5	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,686,968.
	Form <b>990</b> (2010)

Part IV Checklist of Required Schedules

	•	w	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	[	163	140
'	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ů	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			
-7	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	F-		
Ü	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	۲		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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	<b>-</b>		- 23
O	Schedule D, Part III	8	x	
9	Did the organization report an amount in Part X, line 21; 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
,0	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	- 0		354.04
•	as applicable.		445	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ч	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	,
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		l	
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	]	_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		.	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-	1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	7	Ţ	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		Ī	
	complete Schedule G, Part III	19		_X_
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		ŀ	-
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 990 (2010)

Pa	rt IV Checklist of Required Schedules (continued)			
L			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
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		- 23
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	'		7.7
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
20	person outstanding as of the end of the organization's tax year? If "Yes, " complete Schedule L, Part II	26		Х
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		27
27		.		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			v
~~`	Schedule L, Part III	27	40000	X
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):	54,730	10.000	0.040
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer.more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	00	·	
<b>U</b> T	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
		33	21	
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_	ļ	77
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		. X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		-	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form 9	990 (2	2010)

	1990 (2010) UNIVERSITY OF BALTIMORE FOUNDATION, TV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V	INC.	23-7036	780	) P	age §
		*************	*******************************		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	l 1a	10	10, 10,	163	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		<u> </u>		100	
	Did the organization comply with backup withholding rules for reportable payments to vendors and		le namina	44		
С	(gambling) winnings to prize winners?					
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1		10	20.00	
24	· · · · · · · · · · · · · · · · · · ·	0-	5			
1-	filed for the calendar year ending with or within the year covered by this return			0.	v	
Ð	If at least one is reported on line 2a, did the organization file all required federal employment tax returns to the control of the control o		***************************************	2b	X	10.7
ο-	Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instruction				100	v
				3a		X
	•		••••••	3b	ļ	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				37	
_	financial account in a foreign country (such as a bank account, securities account, or other financial	account	j?	4a	X	
ь	If "Yes," enter the name of the foreign country: CAYMAN ISLANDS				1	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	_				
	any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or (	gifts			
	were not tax deductible?	•••••		6b		
7	Organizations that may receive deductible contributions under section 170(c).			34		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	vas requi	red			
	to file Form 8282?	········		7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1_		-1999	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contractí	}	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. $E(a)$	id the sup	porting	THE	1977	114
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	t any time	during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			40		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		,	1,00		1.27
а	Gross income from members or shareholders	11a				100
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	115		14.1%		133
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form			12a	ļ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			á.	1462	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			1111	1, 11	
	Is the organization licensed to issue qualified health plans in more than one state?			13a	j	
	Note. See the instructions for additional information the organization must report on Schedule O.				ed to	- 11
b	Enter the amount of reserves the organization is required to maintain by the states in which the			满意		
	organization is licensed to issue qualified health plans	13b		100		
_	Enter the employ of receives on hand	40-		- 33		·

14a

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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.

800	Check if Schedule O contains a response to any question in this Part VItion A. Governing Body and Management			Х
360	Alon A. Governing body and Management			
		:	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year  Enter the number of voting members included in line 1a, above, who are independent  1b  29			15.4
b		1 to 1		3.5
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			42
_	officer, director, trustee, or key employee?	2_		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		w
4	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7a	Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members of the	6		X
14		·	1	v
h	governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a		X
8		7b		
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а			v	Mari
b	The governing body?  Each committee with authority to act on behalf of the governing body?	8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		
Ð	to the same of the			X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
	tion B. Folloics (this section is requests information about policies not required by the internal nevenue code.)	-		NI.
1Ωa	Does the organization have local chapters, branches, or affiliates?	100	Yes	No X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		Λ
.,	and the state of t	10b		
110	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 la	A	. 314
12a		10-	Х	3 1,1,1
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12a	Λ	
		12b	х	
	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	-22	
Ŭ	in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1,740	- 100	- Agrical
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	X	
••	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	- CO		111
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
-	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		1940	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ▶MD			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) available f	or		<del></del>
	public inspection. Indicate how you make these available. Check all that apply.	-		
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and	l finar	icial	
	statements available to the public.			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organizati	on: ⊳		
	JENNIFER SCHWARTZ - 410-837-6148			
	1130 N. CHARLES STREET, BALTIMORE, MD 21201			
		- 1	200 (0	0.40

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

- 1a 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.

· (A)	(B)	i i						(D)	(E)	(F)
Name and Title	Average			Pos			L 3	Reportable	Reportable	Estimated
	hours per week	<u> </u>	(check all that apply)				iy)	compensation from	compensation from related	amount of other
	(describe	or director				ŀ		the	organizations	compensation
	hours for	6 0 0	皇			sated		organization	(W-2/1099-MISC)	from the
	related	truste	at tros		<u>ag</u>	шреп		(W-2/1099-MISC)		organization
	organizations in Schedule		institutional trustee	55	Key employee	Highest compensated employee	널			and related organizations
	O)	ind.	İsti	Officer	ξē.	돌등	Ē			organizationo
ANTHONY S. FUGETT										
DIRECTOR	1.00	X			ļ			0.	0.	0.
CAROLYN H. THALER, ESQ.										
DIRECTOR	1.00	X	-			_		0.	0.	0.
DAMON GASQUE	1 00								0	^
DIRECTOR	1.00	X	$\vdash$		<u> </u>	-		0.	0.	0.
GREGORY A. BAYOR									0	0
DIRECTOR	1.00	X.	⊢		-	-		0.	0.	0.
HARRY C. STORM, ESQ.	1 00	٠,,						0	0.	0.
DIRECTOR	1.00	X	-		<u> </u>	-		0.	٠.	U
HOLLY SADEGHIAN, ESQ.	1 00	٦,			·		ļ	0.	0.	0.
DIRECTOR	1.00	^	-				<del></del>	U.	V •	<u>V.</u>
JAMES P. NOLAN, ESQ.	1.00	v						0.	0.	0.
DIRECTOR	1.00	10			┡	<b>-</b>		0.	0.	
JANA HOWARD CAREY, ESQ.	1.00	v						0.	0.	0.
DIRECTOR	1.00	-22	$\vdash$			-	-		0.	
JOHN P. CLIFFORD	1.00	v						0.	0.	0.
DIRECTOR	1.00	1								
KENNETH R. SHUTTS, ESQ.	1.00	x						0.	0.	0 .
DIRECTOR LAURENCE M. KATZ, ESQ.	1 2.00									
DIRECTOR	1.00	x						0.	0.	0.
L. CONTENT MCLAUGHLIN, ESQ.										
DIRECTOR	1.00	X						0.	. 0.	0.
MARIANNE HELLAUER, ESQ.		Ī								
DIRECTOR	1.00	Х						0.	0.	0.
MARIE VAN DEUSEN, ESQ.				Ų						
SECRETARY/TREASURER	1.00	Х		X				0.	0.	0.
MARK RADKE, ESQ.										
DIRECTOR	1.00	X						0.	0.	0.
MICHAEL L. CURRY										
VICE-CHAIR .	1.00	X		Х	<u> </u>	_		0.	0.	0.
PAUL C. LATCHFORD, ESQ.								-		
DIRECTOR	1.00	X	I		1	1		0.	0.	0.

Form 990 (2010)

Part VII Section A. Officers, Directors, Tru	ıstees, Key E	mple	oyee	s, a	nd	High	est	Compensated Employ	rees (continued)		
(A)	· (B)				C)			(D)	(E)		(F)
Name and title	Average			Pos				Reportable	Reportable		Estimated
·	hours per	(c	hecl	( all 1	that	app	ıly)	compensation	compensatio		amount of
	week (describe	章				]		from	from related		other
	hours for	director				, n		the organization	organization (W-2/1099-MIS		compensation from the
	related	5	stee		]	Susate		(W-2/1099-MISC)	(AA:51 1099-IAIK	) )	organization
	organizations	trus	la Et		oyee	dwo.		(17 23 1000 111100)			and related
	in Schedule	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				organizations
	O)	틸	≅	₽	Æ	묻통	Ş				-
PETER G. ANGELOS, ESQ.											
DIRECTOR	1.00	X			L			0.		0.	0.
PETER PINKARD	A CANADA										•
DIRECTOR	1.00	X						0.		0.	0.
R. THOMAS CRAWFORD	,				1						
DIRECTOR	1.00	Х			<u> </u>			0.		0.	0.
RENEE BRONFEIN ADES, ESQ.											
DIRECTOR	1.00	X			L			0.		0.	0.
RICHARD A. SNELLINGER										,	
DIRECTOR	1.00	Х						. 0.	-	0.	0.
RICHARD DAVISON											
DIRECTOR	1.00	X						0.		0.	0.
ROBERT L. BOGOMOLNY											
EX-OFFICIO	1.00	Х						0.		0.	0.
ROBERT RUSSEL					l						
DIRECTOR	1.00	Х						0.		0.	0.
ROBERT W. SCHAEFER											
DIRECTOR	1.00	X						0.		0.	0.
1b Sub-total								0.		0.	0.
c Total from continuation sheets to Part VI								84,174.		0.	12,244.
d Total (add lines 1b and 1c)					,,,			84,174.		0.	12,244.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wł	io re	eceived more than \$100	,000 in reportable	е	
compensation from the organization											0
•										_	Yes No
3 Did the organization list any former officer,	director or tru	stee	, key	em/	ploy	yee,	or h	nighest compensated er	nployee on		
line 1a? If "Yes," complete Schedule J for s	uch individual										3 X
4 For any individual listed on line 1a, is the su	m of reportable	le co	mpe	ensa	ition	and	l oth	ner compensation from	the organization	-	
and related organizations greater than \$150	0,000? If "Yes,	E CO	mple	te S	Sche	edule	Jf	or such individual			4 X
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on f	rom	any	unr	elate	ed organization or indivi	dual for services	•	
rendered to the organization? If "Yes," com	plete Schedul	e J fe	or st	ich j	oers	on ,					5 X
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest con</li> </ol>	mpensated inc	iepe	nde	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of com	pensa	ation from
the organization. NONE											
(A)							1	(B)		_	(C)
Name and business	address							Description of s	ervices	C	ompensation
				•							
							$\dashv$				•
											<del></del> ,
							_				

\$100,000 in compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

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

Form 990 (2010)

Part VII   Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours		(C) Position (check all that app					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	nsated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099 MISC)	other compensation from the organization and related organizations
SAYRA WELLS MEYERHOFF	1 00	v						0.	.0.	0
DIRECTOR	1.00	Δ		H		$\vdash$	-	0.	0.	0
STUART J. SILBERG DIRECTOR	1.00	v						0.	0.	. 0
STRECTOR STUART M. GOLDBERG, ESQ.	1.00	77				<del> </del>	-	0.		0
DIRECTOR	1.00	x						0.	0.	0
JERNON H. C. WRIGHT									•	
CHAIR	1.00	Х		х				0.	0.	0
JENNIFER SCHWARTZ				П						
CFO	40.00			X				84,174.	0.	12,244
PHERESA SILANSKIS				.						
EXEC. DIR. EX-OFFICIO	40.00			Х				0.	0.	0
•										
										,
								***************************************		
			]							
				-		$\dashv$				
				$\neg$				*		
-				$\dashv$		.		<del></del>		
				$\dashv$				,		
•										
			1	$\dashv$	$\dashv$			•		
			$\dashv$	+		-				

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must con	<del></del>	,		
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	90,827.	36,331.	54,496.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	159,631.	30,616.	121,110.	7,905
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	18,437.			
9	Other employee benefits	55,256.			1,418
10	Payroll taxes	20,423.	5,736.	14,270.	417
11	Fees for services (non-employees):				
a	Management				····
b	Legal	2,009.		2,009.	
С	Accounting	24,778.	6,616.	17,345.	817.
d					
е	,	144,260.			144,260.
f	Investment management fees	203,673.		203,673.	
g	Other	209,350.	124,780.	37,248.	47,322.
12	Advertising and promotion	100,641.		18,120.	82,521.
13	Office expenses	101,710.	71,762.	12,851.	<u>17,097.</u>
14	Information technology	45,357.	39,659.	5,698.	•
15	Royalties				
16	Occupancy	6,707.	6,707.		
17	Travel	5,826.	4,755.		1,071.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	263,908.	244,228.	1,121.	<u> 18,559.</u>
20	Interest				
21,	Payments to affiliates			· · · · · · · · · · · · · · · · · · ·	
22	Depreciation, depletion, and amortization	1,200.		1,200.	
23	Insurance	28,018.	1,067.	26,951.	
24.	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)				
a	STUDENT/FACULTY SUPPORT	871,204.	871,204.	0.	0.
þ	BAD DEBTS	311,970.	0.	0.	311,970.
C	OTHER PROGRAM SUPPORT	193,428.	193,428.	0.	0.
d	DUES & SUBSCRIPTIONS	39,138.	31,856.	2,352.	4,930.
е	TRAINING & DEVELOPMENT	14,470.	5,509.	8,961.	0.
f	•	12,270.	220.	3,948.	8,102.
25	Total functional expenses. Add lines 1 through 24f	2,924,491.	1,686,968.	589,874.	647,649.
26	<b>Joint costs.</b> Check here ▶ ☐ if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
	solicitation				

032010 12-21-10

ran	. ^	Balance Sheet			(A)		T	(B)	
					Beginning	of year		End of ye	ar
	1	Cash - non-interest-bearing			10,31	9.758	. 1	16,316	798.
	2	Savings and temporary cash investments				6,659			,528
	3	Pledges and grants receivable, net				6,045		5,636	
-	4	Accounts receivable, net				8,000		1 2 7 2 2 2	500.
	5	Receivables from current and former officers, d	POYSELE.						
	_	employees, and highest compensated employee				4,71			
	_	of Schedule L		·			5		
	6	Receivables from other disqualified persons (as			tradical rest	462,50			
	-	4958(f)(1)), persons described in section 4958(c							
		employers and sponsoring organizations of sec		•					
		employees' beneficiary organizations (see instru					6		
Assets	7	Notes and loans receivable, net		90	6,568		947	,081.	
SS	8	Inventories for sale or use		- 1	8				
1	9	Prepaid expenses and deferred charges			1:	1,108.		30	,966.
	10a	Land, buildings, and equipment: cost or other			3 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		1.7.1		
		basis. Complete Part VI of Schedule D	10a	6,000.					
	b	Less: accumulated depreciation				1,200.	10c		0.
	11	Investments - publicly traded securities	······	21,46			· · · · · · · · · · · · · · · · · · ·		
- 1	12	Investments - other securities. See Part IV, line	14,16			12,723			
1	13	Investments - program-related. See Part IV, line				13			
	14	Intangible assets			14				
[ .		Other assets. See Part IV, line 11			868	3,552.		868	552.
]	16	Total assets. Add lines 1 through 15 (must equ			58,169			65,141	699.
-	17	Accounts payable and accrued expenses		2,289.			787.		
		Grants payable				_	18		
		Deferred revenue			19	9,612.	19		
2		Tax-exempt bond liabilities					20		
ខ្ល ខ		Escrow or custodial account liability. Complete					21		
Liabilities	22	Payables to current and former officers, directo	rs, trus	tees, key employees,	15.5 A R. 15.				
<u> </u>		highest compensated employees, and disqualif	ied per	sons. Complete Part II					
<b>-</b>		of Schedule L					22	•	
2	23	Secured mortgages and notes payable to unrela	ated th	ird parties			23		
2	24	Unsecured notes and loans payable to unrelate	d third	parties		•	24		
2	25	Other liabilities. Complete Part X of Schedule D					25		
		Total liabilities. Add lines 17 through 25			441	L,901.	26	338	<u>787.</u>
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			AAAA		
S		lines 27 through 29, and lines 33 and 34.						A subject to the part of the fact	n hiji
Net Assets of Fund Balances		Unrestricted net assets				5,600.		6,794,	
2		Temporarily restricted net assets	22,747			26,087,	824.		
2 2					31,243	<u>3,860.</u>	29	31,920,	<u>821.</u>
2		Organizations that do not follow SFAS 117, c							
5		complete lines 30 through 34.			1.30				
3 3		Capital stock or trust principal, or current funds					30		
ž   3		Paid-in or capital surplus, or land, building, or ed					31		
3 3		Retained earnings, endowment, accumulated in					32	64 000	04.0
~  s	33	Total net assets or fund balances			57,727	7,267.	33	64,802,	912.

64,802,912. 65,141,699. Form **990** (2010)

Total liabilities and net assets/fund balances

Form	1990 (2010) UNIVERSITY OF BALTIMORE FOUNDATION, INC.	23-	<u>-7036'</u>	780	Pa	ge 12
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	4	<u>, 23</u>	4,2	05.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	, 92	4, 4	<u>91.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1	<u>, 30</u>	9,7	14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57	<u>,72</u>	7,2	67·
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5	,76	5,9	<u>31.</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	<u>64</u>	,80	2,9	12.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					LX
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1 / A.		143.2
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				AFEL)
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		<u> </u>	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C	).			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis				7.75	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			
	Act and OMB Circular A-133?			3a		X
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	******		3b		

Form **990** (2010)

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization Employer identification number 23-7036780 UNIVERSITY OF BALTIMORE FOUNDATION, INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii): 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated a Type I b Type II \_\_ Type III · Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the organizațion in col. (iii) Type of (v) Did you notify the (iv) is the organization (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes No No Total Schedule A (Form 990 or 990-EZ) 2010 LHA For Paperwork Reduction Act Notice, see the Instructions for

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010 UNIVERSITY OF BALTIMORE FOUNDATION, INC. 23-7036780 Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and					·	
	membership fees received. (Do not			•			
	include any "unusual grants.")	2508168.	5402749.	3444682.	11169244.	2636713.	<u>25161556.</u>
2	Tax revenues levied for the organ-	-			_		
	ization's benefit and either paid to						
	or expended on its behalf			•			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2508168.	5402749.	3444682.	11169244.	2636713.	25161556.
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)						4474971.
6	Public support, Subtract line 5 from line 4.						20686585.
	ction B. Total Support	············	•				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	2508168.	5402749.		11169244.	2636713.	25161556.
	Gross income from interest,			****			
Ĭ	dividends, payments received on	:					
	securities loans, rents, royalties	į					
	and income from similar sources	917,296.	435,888.	360,049.	372,067.	492,818.	2578118.
9	Net income from unrelated business						
Ů	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
ı	or loss from the sale of capital						
,	assets (Explain in Part IV.)	412 910	307,950.	293.726.	142,846.	113,023.	1270455.
11	Total support. Add lines 7 through 10						29010129.
	Gross receipts from related activities,	etc. (see instruction	nes) ·		I	12	
12	First five years. If the Form 990 is for	the organization's	first, second, thin				
,,,	organization check this box and stor	here	,,, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,			<b>&gt;</b>
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Per	rcentage			,	
	Public support percentage for 2010 (					14	71.31 %
	Public support percentage from 2009		-			15	67.60 %
162	33 1/3% support test - 2010. If the o	rganization did not	check the box on	line 13, and line 1	14 is 33 1/3% or m		
	stop here. The organization qualifies						
h	33 1/3% support test - 2009. If the o	rganization did not	check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
~	and stop here. The organization qual						
172	10% -facts-and-circumstances tes						
,,,,,	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
N	more, and if the organization meets the						
	organization meets the "facts-and-circ						<b>▶</b> □
12	Private foundation. If the organization						
10	1 11 tate tourneadors it the organizatio	die not ondoit a		-, ,, 11, Or 17		edule A (Form 990	

Pa	rt III   Support Schedule for 0	Organizations	Described in	Section 509(a	1)(2)		
*	. (Complete only if you checked	I the box on line 9	of Part I or if the o	rganization failed	to qualify under P	art II. If the organiz	ation fails to
	qualify under the tests listed b	elow, please com	plete Part II.)			,	
Sec	ction A. Public Support			· · · · · ·			
Cale	ndar year (or fiscal year beginning in) ⊳	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and				·	·	
	membership fees received. (Do not						
	include any "unusual grants.")						
	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 bus-				•		
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
¢	Add lines 7a and 7b			Territoria			
Ω	Destrict a second of the secon						
	Public support (Subtract Ene 7c from tine 6.)		gradient mark aftallentet.	소리 원이를 맺으신하는			
Sec	tion B. Total Support						
Sec Cale	ction B. Total Support ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Sec Cale 9	ction B. Total Support Indar year (or fiscal year beginning in)  Amounts from line 6	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Sec Cale 9 10a	ction B. Total Support ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Sec Calei 9 10a	ction B. Total Support  Indar year (or fiscal year beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Sec Calei 9 10a b	Amounts from line 6 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	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Sec Calei 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Sec Caler 9 10a b	Amounts from line 6 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	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Sec Calei 9 10a b	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Sec Calei 9 10a b c 11	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Sec Galei 9 10a b c 11	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.)						
Sec Galei 9 10a b c 11	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
Sec Caler 9 10a b c 11	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
Sec Caler 9 10a b c 11 12	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	the organization's	s first, second, thin	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
Sec Caler 9 10a b c 11 12 13 14 Sec 15	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here etion C. Computation of Publ	the organization's ic Support Pe ine 8, column (f) d	s first, second, thir rcentage ivided by line 13, c	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
Sec Caler 9 10a b c 11 12 13 14 Sec 15	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	the organization's ic Support Pe ine 8, column (f) d Schedule A, Part	s first, second, third rcentage ivided by line 13, c	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi.	zation,
Sec Caler 9 10a b c 11 12 13 14 Sec Sec	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here etion C. Computation of Publ Public support percentage from 2009	the organization's ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom	s first, second, thire rcentage ivided by line 13, c ill, line 15	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi.	zation,
Sec Caler 9 10a b c 11 12 13 14 Sec 17	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publ Public support percentage from 2009	the organization's ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 10 (line 10c, colur	rcentage ivided by line 13, c e Percentage mn (f) divided by line	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	zation,  % % %
Sec Caler 9 10a b c 11 12 13 14 Sec Caler 17 18	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here etion C. Computation of Publ Public support percentage from 2009 etion D. Computation of Investment income percentage for 20	the organization's ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 10 (line 10c, colur	rcentage ivided by line 13, c e Percentage mn (f) divided by lin Part III, line 17	d, fourth, or fifth toolumn (f))	ax year as a section	on 501(c)(3) organiz	zation,
Sec Calei 9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here  tion C. Computation of Publ Public support percentage from 2009-tion D. Computation of Investinent income percentage from 23 1/3% support tests - 2010. If the more than 33 1/3%, check this box and 31/3%, check this box and 31/3%.	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 10 (line 10c, colur 2009 Schedule A, organization did r nd stop here. The	s first, second, thing rcentage ivided by line 13, cell, line 15 e Percentage mn (f) divided by line Part III, line 17 mot check the box cell organization qualif	d, fourth, or fifth toolumn (f)) e 13, column (f)) on line 14, and line fies as a publicly	ax year as a section	15   16   17   18   33 1/3%, and line ration	zation,
Sec Caler 9 10a b c c 11 12 13 14 Sec 17 18 19a b	Amounts from line 6 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publ Public support percentage from 2009-tion D. Computation of Investment income percentage from 2011 (Investment income percentage from 2013 1/3% support tests - 2010. If the	the organization's ic Support Pe ine 8, column (f) d Schedule A, Partstment Incom 10 (line 10c, colur 2009 Schedule A, organization did rad stop here. The organization did r	s first, second, third rcentage ivided by line 13, c ill, line 15 e Percentage mn (f) divided by line Part III, line 17 not check the box of organization qualitation check a box on	olumn (f)) e 13, column (f)) in line 14, and line fles as a publicly line 14 or line 19a	ax year as a section  15 is more than supported organiza, and line 16 is m	15   16   17   18   33 1/3%, and line ration	zation, % % % 17 is not and

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

Employer identification number

	UNIVERSITY OF BALTIMORE		
Pa	rt I Organizations Maintaining Donor Advised Funds	or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a)	Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		·
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's exclusive le	gal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w	riting that grant funds can be i	used only
	for charitable purposes and not for the benefit of the donor or donor adv	isor, or for any other purpose o	conferring
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization a	nswered "Yes" to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check a	ll that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an hist	
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure inclu		
d	Number of conservation easements included in (c) acquired after 8/17/0		1 1
_	listed in the National Register		
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the	organization during the tax
	year	antad <b>k</b>	
4	Number of states where property subject to conservation easement is to Does the organization have a written policy regarding the periodic monitor		
5			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforci	na conconstina excamente du	***************************************
7	Amount of expenses incurred in monitoring, inspecting, and enforcing or		
8	Does each conservation easement reported on line 2(d) above satisfy the		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation easemer	ots in its revenue and expense	statement, and balance sheet, and
v	include, if applicable, the text of the footnote to the organization's finance	•	
	conservation easements.		
Pai	t III Organizations Maintaining Collections of Art, His	torical Treasures, or Ot	her 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 statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, edu		
	the text of the footnote to its financial statements that describes these it	ems.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r	eport in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or	-	*
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
•			> \$
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 956		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

	edule D (Form 990) 2010 UNIVERS rt III Organizations Maintaining C	ITY OF BAL	······································	<del></del>						
3	Using the organization's acquisition, accessi		<del></del>				<del> </del>			
	(check all that apply):		•	•						
а		d	Loan or exc	hange progran	าร					
b	[	e		0.0						
c	X Preservation for future generations	•								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization	ı's exe	mot nuroe	se in Par	t XIV.		
5	During the year, did the organization solicit of	-	•	_						
_	to be sold to raise funds rather than to be m							Yes	X	No
Pa	rt IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa		on the organization		00 10		, , , , , , , , , , , , , , , , , , , ,	0, 0,		
	Is the organization an agent, trustee, custod		liany for contribution	s or other asse	ets not	included				
	on Form 990, Part X?						<u>.</u>	Yes		No
h	If "Yes," explain the arrangement in Part XIV			••••••	• • • • • • • • • • • • • • • • • • • •			⊒ 163	L	110
	ii 100, Oxplais the alterigement is that XII	and complete the to	norming table:					Amoun		•
С	Beginning balance					. 1c		Amoun		
d										
	Additions during the year	•••••	,			10				
e f										
	Ending balance  Did the organization include an amount on Fe						Г	Yes	T-	No
2a	-		۲۱۲			•••••	L	_1 Yes	<u> </u>	1 1/O
	If "Yes," explain the arrangement in Part XIV.  To V Endowment Funds. Complete in		owarad "Van" ta Ea	rm 000 Port IV	lino 1	<u></u>				
1 4	Live a Lindovinient i dinds. Complete i	,		1				/ \ Caus		haal.
	Part to the first to	(a) Current year	(b) Prior year	(c) Two years I		(d) Three y	ears oack	(e) FOU	years	oack
1a	Beginning of year balance	30,604,245.	27,287,968.	33,849,		depression des Vida Dis		30.535 6.55,600 pd windown -	1.4.1 - 4.1.1.1 1 1.1.1 1	Haurtu Hetherte
b	Contributions	748,437.	992,177.		1	i kun tu tegan. Ng s Tua malan ina kara	TA BONES PART.		ary a mi Hereniya	<u> Para de la com</u>
C	Net investment earnings, gains, and losses	4,400,470.	2,940,372.	-6,921,	892			A SECTION	radiging 12VS Tournal No. No.	NEW TOTAL
d	Grants or scholarships				-				1000	- 10-10-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
е	Other expenditures for facilities									
	and programs	989,673.	616,272.					1.4749451.1.1	Medical Communication	1110000
f	Administrative expenses									
g	End of year balance			27,287,	968.					
2	Provide the estimated percentage of the year		S:							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ▶ 88.50	%								
c		%								
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administere	d for th	ne organiz	ation			
	by:								Yes	No_
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		<u>X</u> _
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	Schedule R?					3b		
4	Describe in Part XIV the intended uses of the									
Par	t VI   Land, Buildings, and Equipm	ent. See Form 990,	Part X, line 10.							
	Description of investment	(a) Cost or ot basis (investm				cumulate reciation		(d) Bool	c value	<del>)</del>
1a	Land									
	Buildings									
С	Leasehold improvements				,					
d	Equipment			6,000.		6,00	0.0			0.
	Other									
	. Add lines 1a through 1e. (Column (d) must ed		K, column (B), line 1	0(c).)				-		0.

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 UNIVERSITY	OF BALTIMORE I	OUNDATION, II	NC. 23-7036780 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12.		
(a) Description of security or category	(b) Book value		ethod of valuation:
(including name of security)	(b) Dook value	Cost or er	id-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests		·	
(3) Other			
(A) PRIVATE EQUITY			
(B) INVESTMENTS	7,362,982.	END_OF_VEAR	MARKET VALUE
(C) INVESTMENT IN USMF	4,212,566.		MARKET VALUE
(D) LIMITED PARTNERSHIP	4,212,500.	TWD-OF-IFWK	MARKEI VALUE
	1,147,627.	TATE OF TEAT	MARKET VALUE
(E) INTERESTS	1,14/,02/	END-OF-1EAR	MARKET VALUE
(F)			
(G)	· ·		
(H)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	40/100/4101		
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value		ethod of valuation:
(a) pescription of investment type	(b) Dook value	Cost or er	d-of-year market value
(1)		•	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	<u> </u>		
(8)			
<u>(9)</u> (10)			
4 7 ( I)	1 1		
		nere ne ne nade graven au daughe é a lithe fhe a fac a	TO U.S. CONTROL OF BUILDING PROPERTY OF A STREET OF STREET
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	15		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, lin			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line (a	e 15. I) Description		(b) Book value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line (a)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, lin (a)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line (a)	ı) Description		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX Other Assets. See Form 990, Part X, lin  (a)  (3)  (4)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, lin (a)  (1) (2) (3)	ı) Description		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX Other Assets. See Form 990, Part X, lin  (a)  (3)  (4)	ı) Description		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  [Part IX] Other Assets. See Form 990, Part X, line (a)  (1)  (2)  (3)  (4)  (5)	ı) Description		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  [Part IX] Other Assets. See Form 990, Part X, line (a)  (1)  (2)  (3)  (4)  (5)  (6)	ı) Description		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶    Part IX   Other Assets. See Form 990, Part X, line (a)   (1)	ı) Description		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶    Part IX   Other Assets. See Form 990, Part X, line (a)   (1)	ı) Description		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	a) Description		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	n) Description		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX Other Assets. See Form 990, Part X, line (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part X Other Liabilities. See Form 990, Part X	ne 15.)	(b) Amount	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶    Part IX   Other Assets. See Form 990, Part X, line (a)   (1)	ne 15.)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)  Part X Other Liabilities. See Form 990, Part X  1. (a) Description of liability  (1) Federal income taxes	ne 15.)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  (1) Federal income taxes  (2)	ne 15.)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line (a)  Part X Other Liabilities. See Form 990, Part X, col (B) line (a)  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)	ne 15.)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line (a)  Part X Other Liabilities. See Form 990, Part X, col (B) line (a)  (1) Federal income taxes (2)  (3)  (4)	ne 15.)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line (a)  Part X Other Liabilities. See Form 990, Part X  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	ne 15.)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line (a)  Part X Other Liabilities. See Form 990, Part X  1, (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	ne 15.)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line (a)  Part X Other Liabilities. See Form 990, Part X  1, (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	ne 15.)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶    Part IX   Other Assets. See Form 990, Part X, line (a) (a) (a) (a) (b) (a) (a) (a) (a) (b) (a) (a) (a) (b) (a) (a) (a) (a) (b) (a) (a) (a) (a) (a) (b) (a) (a) (a) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ne 15.)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶    Part IX   Other Assets. See Form 990, Part X, line (a) (a) (a) (a) (b) (a) (a) (a) (b) (a) (a) (a) (a) (b) (a) (a) (a) (a) (b) (a) (a) (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ne 15.)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶    Part IX   Other Assets. See Form 990, Part X, line (a) (a) (a) (a) (b) (a) (a) (a) (a) (b) (a) (a) (a) (b) (a) (a) (a) (a) (b) (a) (a) (a) (a) (a) (b) (a) (a) (a) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ne 15.)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶    Part IX   Other Assets. See Form 990, Part X, line (a) (a) (a) (a) (b) (a) (a) (a) (b) (a) (a) (a) (a) (b) (a) (a) (a) (a) (b) (a) (a) (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ne 15.)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line (a)  Part X Other Liabilities. See Form 990, Part X  1. (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11)	ne 15.)	(b) Amount	(b) Book value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line (a)  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	ne 15.)	(b) Amount	(b) Book value

	edule D (Form 990) 2010 UNIVERSITY OF BALTIMORE FOR						Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		4,234	205
2	T-1-1-000 D 1 N 1 000			2		2,924	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	- "	1,309	
4	Net unrealized gains (losses) on investments			4		5,765	
5	Donated services and use of facilities	**********	•••••	5		3,103	, J J I .
6	Investment expenses	*********	***************************************	6			
7	Prior period adjustments	•••••	*************	7			
8	Other (Describe in Part XIV.)	• • • • • • • • • • • • • • • • • • • •		8			
9	Total adjustments (net). Add lines 4 through 8	**********	***************************************	9		5,765	931
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		•••••	10		7,075	
	t XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Rever		Retur	1,0,5	040.
1	Total revenue, gains, and other support per audited financial statements					10,034	501
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	••••••	****************			10/034	701.
	Net unrealized gains on investments	2a	5 76	5,931			
h	Donated services and use of facilities		3,10	$\frac{3,333}{722}$			
C	Popovarios of prior year groats	20		142	<b>'-</b>		
4	Recoveries of prior year grants  Other (Conscile in Part VIV)	2c	າາ	7,316	$\dashv$		
u	Other (Describe in Part XIV.)	2d				c 000	0.60
	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •	. <u>2e</u>	6,003,	
3	Subtract line 2e from line 1	•••••			. 3	4,030,	532
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	0.0	0 680	***		
	Investment expenses not included on Form 990, Part VIII, line 7b		20	3,673			
	Other (Describe in Part XIV.)			<del></del>	_		
C	Add lines 4a and 4b				. 4c		<u>673.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				. 5	4,234,	205.
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme						
1	Total expenses and losses per audited financial statements				. 1	2,489,	<u>978.</u>
. 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	11.74		
а	Donated services and use of facilities	2a		722			
	Prior year adjustments	2b				-	
	Other losses	2c					
	Other (Describe in Part XIV.)	2d	8	0,408			
	Add lines 2a through 2d					81,	130.
3	Subtract line 2e from line 1				3	2,408,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		*************	•••••			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20	3,673			
	Other (Describe in Part XIV.)			1,970			
	Add lines 4a and 4b			,_,_	4c	515	643.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	**********				2,924,	
Par	t XIV Supplemental Information				· 1	4,224,	<u> </u>
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lings 1	a and At Dar	t IV lince	1h and	Db. Dart V. line	t. Port
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete						r, ran
	T III, LINE 4: ART AND HISTORICAL COLLECTI						
	I III, DIME 4. ANI AND HIDIONICAL CONDECTE	CIND	TMCHOI	711	17 2C1	TAL VAM	
.ΤΔ7	Z COLLECTION AND OTHER LIBRARY COLLECTIONS	l					
UAL	Z CODDECTION AND OTHER DIDNART CODDECTIONS	•					
				-			
ח א ח		T-01-71	emates or	),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ma 01		
PAK	T V, LINE 4: THE FOUNDATION'S PERMANENT EN	DOM	IENT CO	DNSTR	TS O	4'	<u> </u>
~~~	TOTAL BOSTON NEWSTREET						_
VAR	IOUS DONOR RESTRICTED FUNDS ESTABLISHED TO	PRC	OVIDE A	A SOU	RCE (	OF INCOM	E
FOR.	ONGOING PROGRAMS, AS WELL AS SCHOLARSHIPS	ANI	PROFI	SSOR	SHIPS	3.	
							•
PAR	T X, LINE 2: THE ORGANIZATION FOLLOWS THE	PROV	<u> </u>	3 OF .	<u>ACCOT</u>	JNTING	
					Sched	ule D (Form 99	0) 2010

FOR UNCERTAINTY IN INCOME TAXES UNDER THE INCOME TAXES TOPIC OF THE

CODIFICATION. THE CODIFICATION REQUIRES THE EVALUATION OF TAX POSITIONS,

WHICH INCLUDE MAINTAINING THEIR TAX-EXEMPT STATUS AND THE TAXABILITY OF

ANY UNRELATED BUSINESS INCOME, AND DOES NOT ALLOW RECOGNITION OF TAX

POSITIONS WHICH DO NOT MEET A MORE-LIKELY-THAN-NOT THRESHOLD OF BEING

SUSTAINED BY THE APPLICABLE TAX AUTHORITY. MANAGEMENT DOES NOT BELIEVE IT

HAS TAKEN ANY TAX POSITIONS THAT WOULD NOT MEET THIS THRESHOLD.

THE ORGANIZATION FILES FEDERAL AND STATE INFORMATION RETURNS AND ARE NO
LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY MAJOR TAX AUTHORITIES FOR
YEARS PRIOR TO 2007.

PART XII, LINE 2D: REVENUE OF \$549,286 FROM UNIVERSITY PROPERTIES, INC.,

AN AFFILIATE, IS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS, BUT NOT

INCLUDED IN THE FORM 990. BAD DEBTS OF \$(311,970) IS INCLUDED IN REVENUE

IN THE AUDITED FINANCIAL STATEMENTS, BUT AS AN EXPENSE IN THE FORM 990.

PART XIII, LINE 2D: EXPENSES OF \$80,408 FROM UNIVERSITY PROPERTIES, INC.,

AN AFFILIATE, ARE INCLUDED IN THE AUDITED FINANCIAL STATEMENTS, BUT NOT

INCLUDED IN THE FORM 990.

PART XIII, LINE 4B: BAD DEBTS OF \$311,970 IS INCLUDED IN REVENUE IN THE AUDITED FINANCIAL STATEMENTS, BUT AS AN EXPENSE IN THE FORM 990.

PART XI, LINE 10: THE AUDITED FINANCIAL STATEMENTS WERE PREPARED ON A

CONSOLIDATED BASIS. THE CONSOLIDATED NET INCOME EQUALS \$7,544,523. THE

NET INCOME FOR THIS ENTITY ON AN UNCONSOLIDATED BASIS IS \$7,075,645. THE

DIFFERENCE IS \$468,878, OR THE EXCESS FOR UNIVERSITY PROPERTIES, INC., THE

CONSOLIDATED ENTITY.

### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047

2010

Open To Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number INTVERSITY OF BALTIMORE FOUNDATION INC. 23-7036780

	S. Complete if the organization and art.				line 17. Form 990-E2	
<ul> <li>1 Indicate whether the organization rate a X Mall solicitations</li> <li>b Internet and email solicitation</li> <li>c X Phone solicitations</li> <li>d X In person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990,</li> <li>b If "Yes," list the ten highest paid in compensated at least \$5,000 by the</li> </ul>	e X Solid f Solid g X Spector or oral agreement with any individ Part VII) or entity in connection with dividuals or entities (fundraisers) p	citation of citation of cial fundra dual (inclu- th profess	non-g gover aising ding c	povernment grants rnment grants events officers, directors, tru fundraising services	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
RUFFALO CODY - 65 KIRKWOOD		Yes	No			
NORTH ROAD SW, CEDAR RAPIDS,	TELEMARKETING	res	X	183,756.	0.	127,921.
	·					
·						
			~			
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solid		utions	183,756. or has been notified	it is exempt from re	127,921. gistration
MD, VA			•			

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2010

	41 6	Fundraising Events. Complete if the				
		of fundraising event contributions and gr	ross income on Form 99 (a) Event #1	00-EZ, lines 1 and 6b. List (b) Event #2	(c) Other events	(d) Total events (add col. (a) through
<u>a</u>			(event type)	(event type)	(total number)	col. (c))
Revenue	4	Gross receipts	• .			
ď.	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)		1		
	Ť					
	4	Cash prizes				
Ø	5	Noncash prizes				
esue						
EX	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ω						
	8	Entertainment Other direct concess				
	9	Other direct expenses	o O in column (d)			
	11					1
Pa		Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue		Crass revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Sc	2	Cash prizes			·	
Expenses						
面	3	Noncash prizes				
Direct Ex		Noncash prizes  Rent/facility costs				
Direct Ex	4					
Direct Ex	4	Rent/facility costs	Yes%	Yes%	☐ Yes% ☐ No	
Direct Ex	4 5 6	Rent/facility costs  Other direct expenses	Yes% No	No No	No	(
Direct Ex	4 5 6 7	Rent/facility costs  Other direct expenses  Volunteer labor	Yes% No 15 in column (d)	No No	No No ▶	(
a b ect	4 5 6 7 8 Entities the	Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes% No 15 in column (d) , column d, and line 7 tes gaming activities: tivities in each of these	No No states?	No No	( )
9 a b	4 5 6 7 8 Entities the list th	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Combine line 1  ter the state(s) in which the organization operate the organization licensed to operate gaming active.	Yes % No 15 in column (d) , column d, and line 7 tes gaming activities: tivities in each of these	states?	No No	Yes No
9 a b	4 5 6 7 8 Entities the list th	Control of the organization's gaming licenses re	Yes % No 15 in column (d) , column d, and line 7 tes gaming activities: tivities in each of these	states?	No No	Yes No

Schedule G (Form 990 or 990-EZ) 2010 UNIVERSITY OF BALTIMORE FOUNDATION, INC 23	3-7036780 Page 3
11 Does the organization operate gaming activities with nonmembers?	
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
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name >	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name 🕨	
Address >	
16 Gaming manager information:	
Name >	•
Gaming manager compensation > \$	-
Carring manager compensation	
Description of services provided	
	<del> </del>
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?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(iii) and (v), and Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informa	tion (see instructions).
CONTROL C DADE T TIME OF THE OF THE CONTROL THE CONTRO	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS:
	-
(I) NAME OF FUNDRAISER: RUFFALO CODY	
	•
(I) ADDRESS OF FUNDRAISER:	
65 KIRKWOOD NORTH ROAD SW, CEDAR RAPIDS, IA 52404	
	*

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

## **Noncash Contributions**

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNIVERSITY OF BALTIMORE FOUNDATION, INC.

Employer identification number 23-7036780

Schedule M (Form 990) (2010)

Ра	rt I   Types of Property								
		(a) Check if applicable	(b) Number of contributions or	Noncash contamounts repo	orted on	(d Method of d noncash contrib	etermi		ts
4	Art. Marko of ort		items contributed	Form 990, Part	viii, line rg				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests	<del></del>	an anvioletaetoreano.						
4	Books and publications			<u> </u>					
5	Clothing and household goods								
6	Cars and other vehicles		4	,	000				
7	Boats and planes	X	1	8	,000.	APPRAISAL			
8	Intellectual property								
9	Securities - Publicly traded	X	11	116	,938.	COMPARABLE	SAI	ES	
10	Securities · Closely held stock			·					
11	Securities - Partnership, LLC, or								
	trust interests								,
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial				•				
17	Real estate · Other				,				
18	Collectibles								
19	Food inventory								•
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts	•••							•
25	Other • ()								
26	Other								
27	Other ()								
28	Other (	-							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions					
	for which the organization completed Form 828	_	•		29				
	Tot Whom the digunization completed form oze	, i ait iv, E	once ricidio meag		[ 20 ]			Voc	No
305	During the year, did the organization receive by	contributio	n any proporty ron	orted in Dort I lin	1.00 tha	t it must hold for		Yes	No.
ova	at least three years from the date of the initial c								
		•							177
τ.	the entire holding period?		••••••		*************		30a		X.
	If "Yes," describe the arrangement in Part II.		and a star and					7,	
31	Does the organization have a gift acceptance p					tionsy	31	Х	ļ
32a	Does the organization hire or use third parties of	•	•	.,					
	contributions?	•••••••				***************************************	32a		X
	If "Yes," describe in Part II.							1	
33	If the organization did not report an amount in o	column (c) fo	or a type of propert	y for which colur	nn (a) is che	ecked,		1 9747.1	
	describe in Part II.						1 5 5 4		

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

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

Attach to Form 990 or 990-EZ. Name of the organization

Employer identification number

UNIVERSITY OF BALTIMORE FOUNDATION, INC.	23-7036780
FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT AND EXECU	•
OF THE BOARD ARE AUTHORIZED TO REVIEW AND APPROVE THE FORM	M 990 PRIOR TO
FILING. A COPY OF THE RETURN IS MADE AVAILABLE TO ALL BOX	ARD MEMBERS.
	·
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF IN	•
REQUIRED TO BE COMPLETED AT THE BEGINNING OF THE FISCAL YE	EAR.
	-
FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF	•
DETERMINED BASED ON MARKET FACTORS AND IN CONSULTATION WIT	TH AN INDEPENDENT
RECRUITING FIRM. THE EXECUTIVE DIRECTOR IS PAID BY THE UN	NIVERSITY AND AS
SUCH IS SUBJECT TO THE UNIVERSITY'S COMPENSATION STRUCTURE	1.
,	
FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE	E AVAILABLE UPON
REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	5,765,931.
PART XI, LINE 2C	
THE AUDIT PROCESS WAS UNCHANGED FROM THE CURRENT YEAR, AND	IS OVERSEEN
BY THE AUDIT COMMITTEE.	•
•	
	-

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

# Related Organizations and Unrelated Partnerships

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

2010 Open to Public Inspection OMB No. 1545-0047

Employer identification number 23-7036780

INC UNIVERSITY OF BALTIMORE FOUNDATION,

Part

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
					The second secon
					Average of the second s
	-				
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	tions (Complete if the organization a	nswered "Yes" to Form 990, Par	t IV, line 34 becaus	e it had one or more ref	lated tax-exempt

organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled controlled
UNIVERSITY PROPERTIES INC 52-1040290						NO NO
1130 N. CHARLES STREET						
BALTIMORE ND 21201	SEE SCHEDULE O	MARYT, AND	707707		,	<b>&gt;</b>
UNIVERSITY INSTITUTES, INC 23-7439340			777727		N/A	4
1130 N. CHARLES STREET	-					
BALTIMORE, MD 21201.	SEE SCHEDULE O	CNA,TYRAM	767757101	,	f / 1	<b>&gt;</b>
			72(72)		A A	4
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For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule R (Form 990) 2010

UNIVERSITY OF BALTIMORE FOUNDATION, INC Schedule R (Form 990) 2010

Page 2 Percentage ownership General or Percentage managing ownership 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.) 3 Ξ 23-7036780 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 partnership during the tax year.) Yes No 9 Share of end-of-year assets Code V-UBI amount in box " 20 of Schedule UK-1 (Form 1065) v Ξ Share of total income ate allocations? Yes No Disproportion-Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u></u> <u>@</u> Direct controlling entity Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) 9 Primary activity Direct controlling entity ত্ত (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>®</u> Part III Part IV

Schedule R (Form 990) 2010 33 032162 12-21-10

23-7036780

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II III or IV of this school ile			ATTENDED TO THE PARTY OF THE PA		╌
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV/2	ns with one or more r	elated organizations listed	in Darte II.IV.		Yes
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	# # # # # # # # # # # # # # # # # # #			, c	×
<ul> <li>b Gift, grant, or capital contribution to other organization(s)</li> </ul>				4	×
c Gift, grant, or capital contribution from other organization(s)				Ç	×
d Loans or loan guarantees to or for other organization(s)			***************************************	7	×
e Loans or loan guarantees by other organization(s)				2 4	<b>*</b>
				,	1
f Sale of assets to other organization(s)	***************************************	6		¥-	×
g Purchase of assets from other organization(s)		**************************************		2	×
h Exchange of assets				4	×
i Lease of facilities, equipment, or other assets to other organization(s)				=	×
Lease of Tacilities, equipment, or other assets from other organization(s				1j	×
<ul> <li>R Performance of services or membership or fundraising solicitations for other organization(s)</li> </ul>	nization(s)			共	×
I Performance of services or membership or fundraising solicitations by other organization(s)	nization(s)	***************************************		17	$\vdash$
		***************************************	***************************************	Ę	×
n sharing of paid employees		***************************************		÷	×
	***************************************	***************************************		10	×
p Heimbursement paid by other organization for expenses	***************************************	***************************************		12	×
Other transfer of cash or property to other organization(s)	***************************************	***************************************		ģ	×
. 1		***************************************		1;	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
(1) UNIVERSITY PROPERTIES, INC.	М	0.	The state of the s		
(2) UNIVERSITY INSTITUTES, INC.	М	0.			
(3)			Andrew Communication and Communication Commu		
. (4)					
(5)				-	
(9)					
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INC. Schedule R (Form 990) 2010 UNIVERSITY OF BALTIMORE FOUNDATION, 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)	(q)	(0)	6	(8)	(9)	(2)	[4]
Name, address, and EIN of entity	Primary activity	nicile oreign	Are all partners section 501(c)(3)	Share of end-of- vear assets	် ရှင်	Code V-UBI amount in box 20	General or managing
			Yes No			of Schedule K-1 (Form 1065)	Yes No
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Schedule R (Form 990) 2010

Schedule R	(Form 990) 2010	<u>UNIVERSITY</u>	OF	BALTIMORE	FOUNDATION,	<u>INC.23-7036780</u>	Page 5
Part VII	Supplemental Info	rmation					
	Complete this part to pro	ovide additional informa	tion for	responses to quest	ions on Schedule R (se	ee Instructions).	
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