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

AF	or the	2011 calendar year, or tax year beginning JUL 1, 2011 and ending	JUN 30, 2012	
-	heck if	C Name of organization	D Employer identific	cation number
aj	pplicable	O Traine of organization		
	Addres	UNIVERSITY OF BALTIMORE FOUNDATION, INC.		
$\vdash$	∃Name		23-7	036780
<u> </u>	_lchange _}Initial			
<u> </u>	_ireturn	Inditibet and affect for 1.05 bex if man to not delivered to exceed address.		837-6148
<u></u>	Termin	1130 N. CHARLES STREET		15,706,158.
<u> </u>	Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$	
L_	Application pending	BALTIMORE, MD 21201	H(a) Is this a group re	Yes X No
	pertun	F Name and address of principal officer: VEXNON 11. C. WILLGITE	for affiliates?	
		SAME AS C ABOVE	H(b) Are all affiliates incl	
		sinple status. (22) on total transfer of the status of the	<del></del>	list. (see instructions)
JV	Vebsit	e: ▶ WWW.UBFOUNDATION.ORG	H(c) Group exemption	
KF	orm of	organization: X Corporation Trust Association Other ► L Y	ear of formation: 1969 M	State of legal domicile: MD
Pε	ırt I	Summary		
d)	1	Briefly describe the organization's mission or most significant activities: ESTABLIS	HED TO RAISE,	MANAGE
ğ	ĺ	FUNDS, AND PROVIDE FINANCIAL SUPPORT TO THE	UNIVERSITY OF	BALTIMORE.
Governance	2	Check this box  if the organization discontinued its operations or disposed of n	nore than 25% of its net as	sets.
š		Number of voting members of the governing body (Part VI, line 1a)		33
		Number of independent voting members of the governing body (Part VI, line 1b)		33
Activities &	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	6
ë		Total number of volunteers (estimate if necessary)		<u> 170</u>
¥		Total unrelated business revenue from Part VIII, column (C), line 12		0.
¥		Net unrelated business taxable income from Form 990-T, line 34		0.
	- "	Net unrelated business tandolo moonto water on those 1, who expended the manufacture of the control of the cont	. Prior Year	Current Year
		Contributions and grapts (Part VIII line 1h)	2,635,991.	4,334,158.
en.	l .	Contributions and grants (Part VIII, line 1h)	67,114.	57,259.
Revenue		Program service revenue (Part VIII, line 2g)	1,485,191.	1,344,567.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,909.	23,839.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,234,205.	5,759,823.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	344,574.	347,467.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	144,260.	
ž	b	Total fundraising expenses (Part IX, column (D), line 25)  509,343.	0 425 655	2 620 772
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,435,657.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,924,491.	2,968,240.
		Revenue less expenses. Subtract line 18 from line 12	1,309,714.	2,791,583.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	65,141,699.	66,150,847.
AB	21	Total liabilities (Part X, line 26)	338,787.	650,052.
골등	22	Net assets or fund balances. Subtract line 21 from line 20	64,802,912.	65,500,795.
Pa	art II	Signature Block		
Und	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	y knowledge and belief, it is
true	. correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pret	parer has any knowledge.	
		1) Attach		19-13
Sig	n	Signature of officer	Date	
Her		VERNON H.C. WRIGHT, EXEC VICE-PRESIDENT		
,,,,,	•	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date   Check [ if self-employ	PTIN
Paid	1	SUSAN KELLER SUSAU! Celly	SIM B self-employ	
	parer	Firm's name ELLIN & TUCKER, CHARTERED	Firm's EIN	52-0959934
	Only	Firm's address 100 S CHARLES ST SUITE 1300		
240	July	BALTIMORE, MD 21201	Phone no. 4	10-727-5735
N.A.	u tha l	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
IVIC	y 111 <del>0</del> I	to disouse this total that the property strates see for instruction		

	·
4c	(Code:) (Expenses \$) (Revenue \$)
4b	(Code:) (Expenses \$
	THIS COLUMN TO THE STATE OF THE
	INITIATIVES OF THE UNIVERSITY SUCH AS SCHOLARSHIPS, FACULTY SUPPORT, AND COMMUNITY OUTREACH PROGRAMS.
	ACTIVITIES OF THE UNIVERSITY OF BALTIMORE. THE FOUNDATION SUPPORTED
-14	ALL PROGRAM SERVICE EXPENSES AND DISTRIBUTIONS SUPPORT THE EDUCATIONAL
4a	others, the total expenses, and revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 1,976,362. including grants of \$
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
3	If "Yes," describe these changes on Schedule O.
•	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	the prior Form 990 or 990-EZ?
2	Did the organization undertake any significant program services during the year which were not listed on
	AND SUPPORT TO THE UNIVERSITY'S ADMINISTRATION IN ADVANCING THE MISSION AND VISION OF THE UNIVERSITY.
	UNIVERSITY OF BALTIMORE. THE FOUNDATION PROVIDES LEADERSHIP, GUIDANCE,
1	Briefly describe the organization's mission: TO RAISE AND MANAGE FUNDS AND TO PROVIDE FINANCIAL SUPPORT TO THE
	Check if Schedule O contains a response to any question in this Part III
Pa	t III   Statement of Program Service Accomplishments
Form	990 (2011) UNIVERSITY OF BALTIMORE FOUNDATION, INC. 23-7036780 Page 2

Х

X

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20a

Form 990 (2011)

UNIVERSITY OF BALTIMORE FOUNDATION, INC. 23-7036780 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 X public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide Х 9 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ..... Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete Х 12a Schedule D, Parts XI, XII, and XIII 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 Х 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 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15  $\mathbf{X}_{-}$ 15 or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 Х located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form	990 (2011) UNIVERSITY OF BALTIMORE FOUNDATION, INC. 23-7036	780	Pa	age 4
Par	t IV Checklist of Required Schedules (continued)	т Т		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			v
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			X
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		X
	Schedule J	23		
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	24a		X
	Schedule K. If "No", go to line 25	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	2		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		Х
	disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
		25b	i	Х
~~	Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
<b>~</b> =	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X_
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		٠.	
28	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	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			l
•	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			1,7
	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?		Х	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	<del> </del>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ.	-
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	2Eh		х
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<b>-</b>	1 43
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		X_
	If "Yes," complete Schedule R, Part V, line 2	30	-	† <del>* *</del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	Ţ.	İ —	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	x	

Form **990** (2011)

Children's exchange is exchanged in Box 3 of Form 1006. Enter 0-if not applicable 1.19. 19. 19. 19. 19. 19. 19. 19. 19. 1	Par	tV Statements Regarding Other IRS Filings and Tax Compilance Check if Schedule O contains a response to any question in this Part V					
Enter the number reported in Box 3 of Form 1098. Enter 0- if not applicable 10 0 0 10 10 10 0 10 10 10 0 10 10 10 1		Check it Schedule O contains a response to any question in this rate v	********	,		Yes	No
b Enter the number of Forms W2G included in line 1a, Cinter of India applicable of Did the organization caregity with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize visinost?  2a Enter the number of employees reported or Form W3, Transmettal of Wage and Tax Statements, filed for the calledardy payer enfolling with or within the year covered by this return.  2b If at least one is reported on line 2a, did the organization file all required federal employment tax rolumns?  3b If the seat one is reported on line 2a, did the organization file all required federal employment tax rolumns?  3c If If Yea, I man of files 1 and a data is greater than 250, you may be required to end reported instructions?  4c At any time during the calendar year, did the organization in stellar dependence in Stellar (1997) and the organization of the organization of the organization of the organization of the organization and the organization and the organization of the organization of the organization of the organization of the organization and the organization and the organization of the organization and the organization of the organization and the or	10	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	1a	7	•		
bit the organization comply with buckup withholding rules for reportable payments to vendors and reportable gunning (gambling) without withinst the year covered by this return.  2 Einter the number of employees reported on Form Ws.3, Transmittal of Wage and Tax Statomonts, field for the calendar year ending with or within the year covered by this return.  2 Note, if the sum of lines 1a, and 2a is greater than 250, you may be required to a file (see instructions)  3 bit if vegarization have unrelated business gross income of \$1,000 or more during the year?  3 bit 11 Vss.* has if lited a Form 990-T for this year? If "No." provide an explanation in Schedule O.  3 bit 11 Vss.* has if lited a Form 990-T for this year? If "No." provide an explanation in Schedule O.  4 A any time during the catendary are, did the organization become, the interest in, or a signature or other suthority over, a financial account in a foreign country for year. If the organization is the foreign country is cauch as a bank account, securities account, or other financial accountry.  5 bit 11 Vss.* a financial account in a foreign country for year and the interest in, or a signature or other suthority over, a financial account in a foreign country.  5 bit 11 Vss.* a financial accountry for year and ye				0			
Gambling winnings to prize winners?  A Elatif the number of amployees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.  A was used to the calendar year ending with or within the year covered by this return.  A was used to be a war of lanes to a support of the year of the was a war of lanes to a support of the year of the war of lanes to another and the organization file all required fedoral employment tax roturns?  Note. If the sum of lanes to another than 250, you may be required to a file (see instructions)  B old the organization have unrelated business gross income of \$1,000 or more during the year?  B of the organization have unrelated business gross income of \$1,000 or more during the year?  B of the organization and the country (such as a bank account, societies account, or other financial accountry?  B of the same of the foreign country (such as a bank account, societies account, or other financial accountry?  B of the same of the foreign country (such as a bank account, societies account, or other financial accountry?  B of the any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  B of the any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  B of the same of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  C organization shall may receive deductible contributions under section 170(c).  B of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  C organizations that may receive deductible contributions under section 170(c).  B of the organization in the section of the value of the goods or services provided?  B of the organization section and the way of the property of the organization for the section of the value of the goods or services provided?		Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	able gaming			
28. Existe the number of employees reported on Form W.3, Transmittal of Wage and Tax Statuments.  18d of the celendary year ending with or within the year covered by this naturn.  18d of the celendary server and grain greater than 920, you may be required to e-file (see instructions)  29 Note. If the sum of lines 1a and 2 is it greater than 250, you may be required to e-file (see instructions)  30 bit the organization have unrelated business gross income of \$1,000 or more during they year?  31 bit "Yes," has it liked a form 990-T for this year? If "No," provide an explanation in Schedule O.  32 bit "Yes," has it liked a form 990-T for this year? If "No," provide an explanation in Schedule O.  33 bit "Yes," the the name of the foreign country?  34 A any time during the catanodary and, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country?  35 Was the organization and of the foreign country?  36 Was the organization and of the foreign country?  37 bit "Yes," the line san of \$1,000 or more during the tax year?  38 bit and the same of the foreign country?  39 bit "Yes," to line 5a or \$5, did the organization file Form 8888-17  30 bit any taxable party notify the organization file Form 8888-17  30 bit any taxable party notify the organization file Form 8888-17  31 bit "Yes," did the organization have manual goas ecception that are or manually greater than \$100,000, and did the organization solicit any confidentions that may receive deductible?  30 bit the organization receive a payment in excess of \$5 made party is as contribution and party for points and services provided to the payor?  30 bit the organization receive a payment in excess of \$5 made party is as contribution or organization foreign and payment in excess of \$5 made party is as contribution or organization file foreign organization	-				1c		
field for the calendar year ending with or within the year covered by this return	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note, if the sum of fises 1a and 2a is greater than 250, you may be regulated to c-title (see instructions)   3a		filed for the calendar year ending with or within the year covered by this return	_2a_	1			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?	*********	2b	Х	
1   1"   1"   1"   1   1   1   1   1		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)			N.	
a At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b Yes, *To line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes, *To line 5a or 5b, did the organization file Form 8886-17  6d Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization shelt are onticulated with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If Yes, *Told the organization notify the donor of the value of the goods or sarvices provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8288?  8 If Yes, *Told the organization collect any anyturids, directly or indirectly, or a personal benefit contract?  7 Did the organization colved a contribution of care, boats, alphanes, or other vehicles, did the organization file a Form 1098-07  7 Did the organization make any taxable distribution of undersected upon the degree of the organization file form 8898 as required?  7 Did the organization make any taxable distributions included on Part VIII, line 12  8 Sponsoring organizations maintaining donor advised funds.  9 Sponsoring organization make any taxable distributions under section 4986?  9 Sponsoring organizati							<u>X</u>
financial account in a foreign country (such as a bank account, securities account, or other financial accountit?)  b if Yes,* other the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes,* to line 5a or 5b, did the organization file Form 8886-17  6d Does the organization tax deductible?  6d If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$5f\$ make party as a contribution and party for goods and services provided to the payor?  7 Did the organization receive a payment in excess of \$5f\$ make party as a contribution and party for goods and services provided to the payor?  7 Did the organization receive a payment in excess of \$5f\$ make party as a contribution and party for goods and services provided to the payor?  7 Did the organization received a contribution of the value of the goods or services provided?  1 If Yes,* indicate the number of Forms 8282 flied during the year  1 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization meaked any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization meaked and contribution of qualified indialoctual property, did tho organization for Benefit and the payment of the pa	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		-
b if Yes, "enter the name of the foreign country."  See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  See Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  58 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  16 "Yes," to line 5a or 5b, did the organization file Form 8886-T?  17 Organizations that were not tax deductible?  18 If Yes, "dat the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  19 If Yes," dat the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  10 If the organization receive agreement express of \$75 made party as a contribution and party for goods and services provided to the payor?  10 If the organization notify the donor of the value of the goods or services provided?  11 If Yes," indicate the number of Forms 8292 filed during the year  12 If If Yes, "indicate the number of Forms 8292 filed during the year  13 If Yes, "indicate the number of Forms 8292 filed during the year  14 If Yes, "indicate the number of Forms 8292 filed during the year  15 If the organization received a contribution of qualified incleation property, did the organization file Form 8899 as required?  16 If the organization received a contribution of cars, boats, aliplanes, or other vehicles, did the organization file of Form 1086 C?  18 Sponsoring organizations maintaining donor advised funds and section 4968?  19 Sponsoring organizations make any taxable distributions under section 4968?  20 If the organization make any taxable distributions under section 4968?  21 If the organization make any taxable distributions under section 4968?  22 If the organization make any taxable distributions under section 4968?  23 Section 601(c)(7) organizations.	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a	.		.,
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 10 pt the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	o	organization, or a donor advised fund maintained by a sponsoring greanization, have excess business holdings at	any ti	me during the year?	8		
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b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	a				9a		<u> </u>
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders 11a 11a 11b 11a 11a							100
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: a Gross income from members or shareholders 11a 11a 11b 11a 11b 11a 11a 11b 11a 11a			10a			1 1. 1 1.	
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  It if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	b		10b				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b 13c  14a X  14b  15 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	11			1			
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а	Gross income from members or shareholders	11a			j.	
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources against			1		1, 25, 34
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)				- "	Trivian.
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	1?	12a		2,120,44
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  X  If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  h If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<del></del>		20,636
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a  X  In If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а			***************************************	13a		101000
organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  h If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		Note. See the instructions for additional information the organization must report on Schedule O.		-			
c Enter the amount of reserves on hand	b		1	1		1	
14a Did the organization receive any payments for indoor tanning services during the tax year?  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b 14b					1		
h If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	C	Enter the amount of reserves on hand			144		v
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	Did the organization receive any payments for indoor tanning services during the tax year?					<b>├</b> ^
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ie U .			990	(2011)

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

	Check if Schedule O contains a response to any question in this Part VI	***************************************			X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3	3		
,,,,	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
h	Enter the number of voting members included in line 1a, above, who are independent	1b 3	3		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	<del></del>	7		
2	officer, director, trustee, or key employee?		2		Х
_	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?		3		_ X_
	of officers, directors, or trustees, or key employees to a management company of officer persons  Did the organization make any significant changes to its governing documents since the prior Form 9	200 was filad?			X
4	Did the organization make any significant changes to its governing documents since the prior rounds	550 Was Illout			X
5	Did the organization become aware during the year of a significant diversion of the organization's as				X
6	Did the organization have members or stockholders?				- 43
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		7-		Х
	more members of the governing body?		7a		- 1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		l		₩.
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			7.7	
	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		d8	X	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenue Code.)			
				Yes	<del></del>
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•		:	
12a	and the second s		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")	/es," describe			
G	in Schedule O how this was done		12c	X	
40	Did the organization have a written whistleblower policy?			Х	
13	Did the organization have a written document retention and destruction policy?		14	Х	
14	Did the process for determining compensation of the following persons include a review and approv	al by independent			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decisions		15a	Х	
	The organization's CEO, Executive Director, or top management official			X	
b	Other officers or key employees of the organization		.	<u> </u>	
, .	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mant with a			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange		16a		х
	taxable entity during the year?		. 10a	<del>                                     </del>	23
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue	ate its participation			· · · · .
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		4.Ch		
	exempt status with respect to such arrangements?		16b	ļ	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ MD	- to the	<b>.</b>		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	(Section 501(c)(3)s only	/) availat	DI <del>O</del>	
	for public inspection. Indicate how you made 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 made its governing documents, c	onflict of interest policy,	and fina	ncial	
	statements available to the public during the tax year.		,		
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the organi	zation: 🕽	<b>►</b>	
	JENNIFER SCHWARTZ - 410-837-6148				
	1130 N. CHARLES STREET, BALTIMORE, MD 21201				

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

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

- 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.

Check this box if neither the organization (A)	(B)			(C	2)			· (D)	(E)	(F)
Name and Title	Average		not c	heck i	sition k more than one person is both an			Reportable	Reportable compensation	Estimated amount of
	hours per week					is boti or/trus		compensation from	from related	other
	(describe	ğ						the	organizations	compensation
	hours for	븀	٠			rted		organization	(W·2/1099-MISC)	from the
	related	stee	truste		يو	Suadi		(W-2/1099-MISC)		organization and related
	organizations in Schedule	ᄪ	loma		lg by:	t com	_			organizations
	O)	individual trustee or director	Institutional trustee	Officer	(ey en	Highest compensated employee	Former			
(1) ANTHONY S, FUGETT			_	-						
DIRECTOR	1.00	X	Ĺ.					0.	0.	0
(2) CAROLYN H. THALER, ESQ.									_	
DIRECTOR	1.00	Х						0.	0.	0
(3) DAMON GASQUE								_		0
DIRECTOR	1.00	X	<u> </u>		ļ	L.		0.	0.	0
(4) GREGORY A. BAYOR										0
DIRECTOR	1.00	X			_			0.	0.	0
(5) HARRY C. STORM, ESQ.									0.	0
DIRECTOR	1.00	X	-		├-			0.	- 0.	U
(6) HOLLY SADEGHIAN, ESQ.	1 00	٠,						0.	0.	0
DIRECTOR	1.00	X			-	-	-		· ·	
(7) GAMES P. NOLAN, ESQ.	1.00	V		Х				0.	0.	0
SECRETARY	1.00	1 <u>A</u>	$\vdash$	Δ	-	╁		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
(8) JANA HOWARD CAREY, ESQ.	1.00	x					ļ	0.	0.	0
DIRECTOR CHUMMA FGO	1.00	22	$\vdash$							
(9) KENNETH R. SHUTTS, ESQ.	1.00	x						0.	0.	0
DIRECTOR (10) L. CONTENT MCLAUGHLIN, ESQ.	2,00		<b> </b>	T			$\vdash$			
DIRECTOR	1.00	X						0.	0.	0
(11) LAURENCE M. KATZ, ESQ.			П							
DIRECTOR	1.00	X						0.	0.	0
(12) MARIANNE HELLAUER, ESQ.										
DIRECTOR	1.00	X		_	_	1_		0.	0.	0
(13) MARIE VAN DEUSEN, ESQ.										١ ,
VICE CHAIR	1.00	X	<u> </u>	X	ļ	_	<u> </u>	0.	0.	0
(14) MARK RADKE, ESQ.	1									_
DIRECTOR	1.00	X	┡	-	<b> </b>	+	ļ	0.	0.	0
(15) MICHAEL L. CURRY	4 55								0.	0
CHAIR	1.00	X	$\vdash$	X	$\vdash$	+-		0.	0.	
(16) PAUL C. LATCHFORD, ESQ.	1 00	77						0.	.] o.	0
DIRECTOR	1.00	X	+	+-	$\vdash$	╁	$\vdash$		· · · · · · · · · · · · · · · · · · ·	1
(17) PETER G. ANGELOS, ESQ.	1 00	v						0,	. 0.	0
DIRECTOR	1.00				1			1	<u> </u>	Form <b>990</b> (201

								NDATION, INC		6780
Part VII Section A. Officers, Directors, Tr	li i	mple	oyee			ligh	est			
(A)	(B)				2)			(D)	(E)	(F)
Name and title	Average	Position (check all that apply)						Reportable	Reportable compensation	Estimated amount of
	hours per	(C	neck	t air	ınat	app	iy)	compensation from	from related	other
	week					e Je		the	organizations	compensation
		getor		ļ .		oldm		organization	(W-2/1099-MISC)	from the
		9 10	بو			ated e		(W-2/1099-MISC)		organization
		individual trustee or director	institutional trustee		   8	Highest compensated employee				and related organizations
		t leal	tlona	_	ם	st con	_			Organizationo
		ind M	蘳	Officer	Key employee	Hgh	Богтег			
(27) STUART M. GOLDBERG, ESQ.								_		
DIRECTOR	1.00	X	<u> </u>					0.	0.	0.
(28) VERNON H. C. WRIGHT										_
EXEC VICE-PRESIDENT	1.00	X	<u> </u>	Х	<u> </u>			0.	0.	0.
(29) DORINE C. ANDREWS	1								_	^
DIRECTOR	1.00	X	┞		$\vdash$		<u> </u>	0.	0.	0.
(30) BARRY M. CHASEN, ESQ.	1 00						ŀ	0.	0.	0.
DIRECTOR	1.00	X	├-		_		_	0.		- 0.
(31) G. LAWRENCE FRANKLIN	1.00	v						0.	o.	0.
DIRECTOR	1.00	A	┢	<del> </del>					<u> </u>	
(32) DONALD C. FRY, ESQ.	1.00	x	}					0.	0.	0.
DIRECTOR (33) GEORGE J. NEMPHOS, ESQ.	2.00		t		$\vdash$					
DIRECTOR	1.00	x						0.	0.	0.
(34) JOAN M. WORTHINGTON										
DIRECTOR	1.00	X						0.	0.	0.
(35) JENNIFER SCHWARTZ										
CFO	40.00	_		X	<u> </u>			90,852.	0.	12,330.
(36) THERESA SILANSKIS							1			
EXEC. DIR. EX-OFFICIO	40.00	-	╀	Х	_	<u> </u>		0.	0.	0.
		╁	-		-	-			<u> </u>	
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					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)	1b 1c 1d	79,106.				
ontribution nd Other S	g	All other contributions, gifts, grani similar amounts not included above Noncash contributions included in lines	ve1f 4 ,	255,052. 247,670.	4,334,158.			
0 6	h	Total. Add lines 1a-1f		Business Code	<del>4,334,136•</del>			
	2 a	PROGRAM INCOME		900099	57,259.	57,259.		
Ş	z a b			300033	9.7459	, , , , , , , , , , , , , , , , , , ,		
Program Service Revenue	C							
E S	d							
P.A.	e							
ď.	f	All other program service reve						
	g	Total. Add lines 2a-2f			57,259.			
	3	Investment income (including other similar amounts)			619,227.			619,227.
	4	Income from investment of tax	x-exempt bond p	roceeds				
	5	Royalties		<b>D</b> _				
			(i) Real	(ii) Personal	\$ 100 miles			• •
	6 a	Gross rents			•		•	
		Less: rental expenses					.*	
		Rental income or (loss)						
		Net rental income or (loss)		t:				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				٠.
		assets other than inventory	<u> 10671675</u>					50.0 50.0
	D	Less: cost or other basis and sales expenses	9946335					- 2 N
	_	Gain or (loss)	725 340					
		Net gain or (loss)			725,340.		·	725,340.
		Gross income from fundraising					·	
Other Revenue	U a	including \$						1.0
S S		contributions reported on line				· ·		
Ŗ.		Part IV, line 18						
ŧ.	b	Less: direct expenses						: 198
0	С	Net income or (loss) from fund	draising events					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	9 a	Gross income from gaming ac		1				
		Part IV, line 19						
		Less: direct expenses				·		
		Net income or (loss) from gan		<b>D</b>				. The water
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold  Net income or (loss) from sale			7. 			
<u></u>	<u>c</u>			Business Code	:			
-	44 -	Miscellaneous Revenu MISCELLANEOUS	15	900099	23,839.	23,839.		
				700055				
1	b	"						
	d	All other revenue						
	e				23,839.			14/2
	12	Total revenue. See instructions.	****************	<b>)</b>	5,759,823.		0.	1344567. Form <b>990</b> (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	olete columns (B), (C), and (D).  Check if Schedule O contains a respons	se to any question in this	Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in			İ	
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			, ,	
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105 000	25 205	70 755	
	trustees, and key employees	106,080.	35,325.	70,755.	
6	Compensation not included above, to disqualified	1	•		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	150 001	50 600	105 500	
7	Other salaries and wages	158,204.	52,682.	105,522.	
8	Pension plan accruals and contributions (include	10 551	6 5 4 57	12 114	
	section 401(k) and section 403(b) employer contributions)	19,661.	6,547.	13,114.	
9	Other employee benefits	41,215.	13,725.	27,490.	
10	Payroll taxes	22,307.	7,428.	14,879.	
11	Fees for services (non-employees):				
а	Management		0 405	4 460	
b	Legal	6,897.	2,435.	4,462.	
c	Accounting	31,510.	9,507.	22,003.	
d					
е	Professional fundraising services. See Part IV, line 17			160 000	
f	Investment management fees	168,809.	006 608	168,809.	202 045
g	Other	409,472.	206,627.	1 000	202,845.
12	Advertising and promotion	131,547.	13,027	1,800.	116,720.
13	Office expenses	85,567.	52,464.	14,414.	18,689.
14	Information technology	7,848.	4,158.	3,690.	
15	Royalties		007		
16	Occupancy	397.	397.	4 010	2 227
17	Travel	16,362.	12,812.	1,213.	2,337.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		000 505		20.010
19	Conferences, conventions, and meetings	315,416.	282,595.	803.	32,018.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			04 004	
23	Insurance	21,094.		21,094.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
_	STUDENT/FACULTY SUPPORT	1,159,717.	1,159,717.	0.	0.
a	BAD DEBTS	120,344.	0.	0.	120,344.
b	OTHER PROGRAM SUPPORT	92,151.	92,151.	0.	0.
c d	DUES & SUBSCRIPTIONS	28,002.	22,114.	1,277.	4,611.
	All other expenses	25,640.	2,651.	11,210.	11,779.
	Total functional expenses. Add lines 1 through 24e	2,968,240.	1,976,362.	482,535.	509,343.
25	Joint costs. Complete this line only if the organization	4,500,4200			
26	reported in column (B) joint costs from a combined	,			•
	educational campaign and fundraising solicitation.				
	Check here fif following SOP 98-2 (ASC 958-720)				· .
	0. 01-23-12				Form <b>990</b> (2011)

Pai	4 <b>Χ</b>	Balance Sheet		LIMOND LOUNDIN			
	-		******		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			16,316,798.	1	18,015,191.
	2	Savings and temporary cash investments			479,528.	2	962,914.
	3	Pledges and grants receivable, net		i	5,636,907.	3	5,757,486.
	4	Accounts receivable, net		ı	500.		35.
	5	Receivables from current and former officers, die					1 4 4
	3	employees, and highest compensated employee			_		
						5	
	6	of Schedule L.  Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c)		t the second second second second second second second second second second second second second second second			
		employers and sponsoring organizations of sect		· ·			나 빛
		employees' beneficiary organizations (see instru		t in the second		6	
ts	_	Notes and loans receivable, net			947,081.	7	982,594.
Assets	7			1	54770041	8	
۲	8	Inventories for sale or use			30,966.	9	55,729.
	9	Prepaid expenses and deferred charges	i i		5075001		
	10a	Land, buildings, and equipment: cost or other	40-	6,000.			1. 271
	_	basis. Complete Part VI of Schedule D	10a		0.	10c	0.
		Less: accumulated depreciation			28,138,192.		27,987,488.
	11	Investments - publicly traded securities			12,723,175.		11,520,858.
	12	Investments - other securities. See Part IV, line 1		i i	14,143,113.	13	11,520,0501
	13	Investments - program-related. See Part IV, line		l l		14	
	14	Intangible assets		I I	868,552.	15	868,552.
	15	Other assets. See Part IV, line 11			65,141,699		66,150,847.
	16	Total assets. Add lines 1 through 15 (must equa			338,787.		534,758.
	17	Accounts payable and accrued expenses			330,707.	18	30477301
	18	Grants payable			0.		115,294.
	19	Deferred revenue		1		20	<u> </u>
	20	Tax-exempt bond liabilities				21	
ies	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Payables to current and former officers, director			•		1 P. 1
iat.		highest compensated employees, and disqualifi		l l		22	
passel		of Schedule L.				23	
	23	Secured mortgages and notes payable to unrela				24	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		1		25	
		Schedule D			338,787.		650,052.
	26	Total liabilities. Add lines 17 through 25			330,707.	20	030,034.
		Organizations that follow SFAS 117, check he	ere 📂	TVT and comblete			
Se		lines 27 through 29, and lines 33 and 34.			6,794,267.	27	5,693,619.
ăŭ	27	Unrestricted net assets			26,087,824.		25,148,826.
Ba	28	Temporarily restricted net assets			31,920,821.		34,658,350.
g	29				31,340,041	29	34,030,330
7		Organizations that do not follow SFAS 117, c	neck n	ere 📂 🔛 and			
ō		complete lines 30 through 34.			•	30	
set	30	Capital stock or trust principal, or current funds				31	
Net Assets or Fund Balances	31	Paid in or capital surplus, or land, building, or ed				32.	
<b>let</b>	32	Retained earnings, endowment, accumulated in			64,802,912.		65,500,795.
_	33	Total net assets or fund balances			65,141,699		66,150,847.
	34	Total liabilities and net assets/fund balances			03,141,033	1 04	Form 990 (2011)
							roini ooo (2011)

Form	990 (2011) UNIVERSITY OF BALTIMORE FOUNDATION, INC.	23-	<u> 7036'</u>	<u> 780</u>	Pag	<sub>ie</sub> 12
	t XI Reconciliation of Net Assets					C:1
	Check if Schedule O contains a response to any question in this Part XI					X
		1				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		,75		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,96		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,79</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>,80</u> .		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		, 0 <u>9</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>65</u>	,50	0,7	<u>95.</u>
Pa	rt XII Financial Statements and Reporting					F=- 1
	Check if Schedule O contains a response to any question in this Part XII					
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				18.0	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
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	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	eđule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis				:	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	iit			
	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 requ	ired aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b	000	L

Form 990 (2011)

### **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

2011

Open to Public Inspection

Vame of 1	he organizati	on						Er	nployer id	dentificatio	n nun	ber
tunio or .	4. 3		ITY OF BALTI	MORE I	FOUND	ATION	, INC		23	-7036°	780	
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	t complet	e this part	.) See inst	ructions.	•			
			because it is: (For lines 1									
1	A church cor	vention of churches	s, or association of churc	ches descri	ibed in se	ction 170	b)(1)(A)(i).					
F 1			'0(b)(1)(A)(ii). (Attach Sci									
2	A bospital or	a according bossi	tal service organization of	lescribed i	n section	170(b)(1)(	A\fiii\.					
3 📙	A modical res	a cooperative riospi	operated in conjunction	with a hosr	oital descri	ibed in se	ction 170	ь)(1)(A)(iii	). Enter ti	e hospital'	s name	<b>&gt;</b> ,
4 📖			operated at conjuntation	iiiii a i ioo				,.	•	•		
- [	city, and state	on approted for the	benefit of a college or ur	iversity ov	med or on	erated by	a governn	nental unit	describe	d in		
5 📖				involution,	,,,oa o, op	,						
	section 170	(b)(1)(A)(iv). (Comple	ent or governmental unit	doerrihad	in section	n 170(h)(1	νΔιωι					
6	A tederal, sta	te, or tocal governin	eives a substantial part (	sfito canno	ort from a	avverume	ntat unit o	r from the	general p	uhlic descr	ibed in	ì
7 X				no suppr	JIE HOIII &	govonino	intai aint o		9			
_ [		b)(1)(A)(vi). (Comple		Complete	Dort II \							
8	A community	trust described in s	ection 170(b)(1)(A)(vi). ( eives: (1) more than 33 1	Cottiblete	eupport fr	om contril	hutione m	embershir	s fees, and	d aross rec	eiots f	rom
9 📖	An organizati	on that normally rec	nctions · subject to certa	in avcentic	oupport ii one and 19	) na mare	than 33 1	/3% of its	support f	rom aross i	nvestr	nent
	activities rela	ion admexe an or per	axable income (less sect	ian E11 tax	A from his	oinaceae a	cauired b	the orna	nization a	fter June 3	0. 1975	5.
				IOH O I I taz	y nom ba		loquilou b	y ano orga	, madion d			
[	See section	509(a)(2), (Complete	erated exclusively to te	at for nubli	o esfaty. S	ae cartin	n 500(a)(d	3				
10	An organizati	on organized and or	perated exclusively to te	o benefit c	of to nerfo	rm the fur	nctions of	or to carn	out the r	ourposes o	f one c	r
11	An organizati	on organized and of	ations described in section	o Delleill C on 500/a)/1	) or sectio	n 509/a)/2	1 See sec	tion 5096	1/3). Che	ck the box	that	
			organization and comple				.,. 000 <b>00</b> 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,(0,1 0	****		
				: Type	. III - Eunc	i i iii. tionally int	haterna		Ч	Type III - C	ther	
	a Type I	D 	_l Type II					more disc				ì
e	By checking	inis dox, i certify the	han one or more publicly	CONTROLLEG	directly of	tione does	rihad in s	ection 509	i(a)(1) or s	ection 509	(a)(2).	
	foundation m	anagers and other t	man one or more publicly	y anhhouse.	u urgarnza + i+ io o Tvi	no I. Type	II or Tune	. III	(4)(1) 01 0		(-/(-/-	
f			tten determination from t									
	supporting of	rganization, check ti	nis box organization accepted ar						:ons?			
g	Since August	17, 2006, nas the C	organization accepted at	ny girt of co	othar with	noreone d	lacarihad i	n (ii) and (i	ii) helow		Yes	No
	(i) A perso	n who directly or inc	lirectly controls, either al	one or toge	attiot Attit	persons d	içaci ibcu i	i, in and i	., 20.011,	11g(i)		
			upported organization?									
			n described in (i) above?									
			person described in (i) o							. righting	·	
h	Provide the f	ollowing information	about the supported or	ganization(	s).							
			(iii) Type of	(iv) is the o	rannization	(v) Did vo	r potify the	(vi) İs	the	() Am	ount o	 E
(i) Name	of supported	(ii) EIN	organization	in col. (i) lis	rganization ited in vour	organizat	ion in col.	organizatio (i) organiz	on in col.	(vii) Am sup		i
org	anization .		(described on lines 1-9	governing o	locument?	(i) of you	support?	Hij bryaniz U.S	.?	Jupi	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(acc monucuono))	100								
		İ						***************************************				
							<u> </u>					
		Į										
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												:

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011 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.)

	talls to quality under the tests	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	etion A. Public Support	()0007	4.1.0000	(*) 0000	(4) 2010	(e) 2011	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(I) +Otal
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	E400740	2111600	11169244.	2626712	/33/15Ω	26987546.
	include any "unusual grants.")	5402/49.	3444002.	11109244.	40307I3.	#224T20.	207013±01
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		0.4.4.600	44460044	0.60.671.2	4224150	26007546
4	Total. Add lines 1 through 3	5402749.	3444682.	11169244.	2636713.	4334158.	26987546.
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,					:	E04000
	column (f)						5848002.
	Public support. Subtract line 5 from line 4.			<u> </u>			21139544.
Sec	ction B. Total Support			T			
Cale	ndar year (or fiscat year beginning in) ⊳	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	5402749.	3444682.	11169244.	2636713.	4334158.	26987546.
. 8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			1			
	and income from similar sources	435,888.	360,049.	372,067.	492,818.	619,227.	2280049.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income, Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	307.950.	293,726.	142,846.	113,023.	81,098.	938,643.
11	Total support. Add lines 7 through 10						30206238.
12	Gross receipts from related activities	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is fo	r the organization's	s first, second, thi			n 501(c)(3)	
.0	organization, check this box and stor						▶□
Sec	ction C. Computation of Publ						
	Public support percentage for 2011 (			column (f))		14	69.98 %
15	Public support percentage from 2010					15	71.31 %
	33 1/3% support test - 2011. If the	organization did no	ot check the box of	n line 13, and line	14 is 33 1/3% or n	nore, check this b	ox and
100	stop here. The organization qualifies						
h	33 1/3% support test - 2010. If the	organization did no	ot check a box on	line 13 or 16a, and	i line 15 is 33 1/3%	or more, check t	his box
N	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			▶□
47	10% -facts-and-circumstances tes	et - 2011 If the oro	sanization did not	check a box on line	e 13, 16a, or 16b.	and line 14 is 10%	or more,
178	and if the organization meets the "fac	nte-2011, il ulio dig ote-andiciro: imeton	icas" tast chack t	his hox and eton	nere. Explain in Pa	rt IV how the orga	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	st - 2010. If the org	janization did not	onicon a DOX OH IIII book this boy end	o ro, roa, rob; or etan hara Evalair	in Part IV how th	,
	more, and if the organization meets t	ne "tacts-and-circu	imstances" test, c	meck this dox and	stop nere. Explair	i iii Fail IV NOW III onization	<b>.</b>
	organization meets the "facts-and-cir						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	oa, 160, 1/a, or 1/	o, cneck this box a	and see instruction	0.44.000 #77.0044
					Sche	eaule A (Form 99	0 or 990-EZ) 2011

Schedule A (Form 990 or 990 EZ) 2011

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

(Complete only if you checked qualify under the tests listed by	the box on line 9 lelow, please com	of Part I or if the or olete Part II.)	rganization failed t	o qualify under Pa	art II. If the organiza	ition fails to
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and					,	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		4				
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year		-			'	
c Add lines 7a and 7b						
8 Public support (Subtract fine 7c (som fine 6.)		<u> </u>		<u> </u>	<u> </u>	
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6				<u> </u>		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)	1		<u> </u>	<u> </u>		
14 First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a sect	on 501(c)(3) organi	zation,
chack this hav and stan here						▶L
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2011	(line 8, column (f)	divided by line 13,	column (f))		15	9
16 Public support percentage from 201	0 Schedule A, Par	t III, line 15		***************************************	16	9
Section D. Computation of Inve	stment Incon	ne Percentage				
17 Investment income percentage for 2	2011 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	9
18 Investment income percentage from	2010 Schedule A	, Part III, line 17			18	9
19a 33 1/3% support tests - 2011. If th	e organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. Th	e organization qua	lifies as a publicly	supported organ	ization	▶□
h 33 1/3% support tests - 2010. If th	e organization did	not check a box o	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	, and
line 18 is not more than 33 1/3%, ch	eck this dox and s	stop nere, me org	amzanon quannes	this havend one i	netrictione	
20 Private foundation, If the organization	on did not check a	a nox on line 14, 19	ea, or teo, check	ting nox and 866 i	manuonona	00 at 000 E7120

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization

Employer identification number

	UNIVERSITY OF BALTIMORE FOUNDATION, INC.	23-7036780
Par		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 advised fun	nds .
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	Yes No
Pai		, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	the second on the last
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
		T
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	2d
	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	meation during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	Yes No
-	violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to	
6	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.	ear \$
7	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(ii	8)(i)
8		
_	and section 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	ement, and balance sheet, and
9	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	rganization's accounting for
Pai	conservation easements.	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art,
ia	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.	
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	🕨 \$
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	
-	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	<b>&gt;</b> \$
~		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 UNIVERS	ITY OF BAL	rimore fou	NDATION,	INC.	23-70	3678	0 Pa	<u>ige 2</u>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Ot	ner Simi	iar Asse	us (conti	inuea)	
3	Using the organization's acquisition, accessi-	on, and other record	s, check any of the f	following that are a	a significant	t use of its	COllection	n item	3
	(check all that apply):		F==1						
а	X Public exhibition	đ	X Loan or exch						
b	X Scholarly research	е	Other						
C	X Preservation for future generations								
4	Provide a description of the organization's co					ose in Par	t XIV.		
5	During the year, did the organization solicit o					_	7	Г <del></del>	1
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organization	n answered "Yes"	to Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets r	ot included		٦.	_	٦
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:			1			
						<b>-</b>	Amoun	t	
¢	Beginning balance			***************************************	1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f	<u> </u>	<del></del>		<del></del> -
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?			L	_ Yes	L	No
b	If "Yes," explain the arrangement in Part XIV.						·····		
Par		f the organization an	swered "Yes" to For						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance	34,763,479,	30,604,245.	27,287,968	33,	849 791.			
	Contributions	977,973.	748,437.	992,177	<u>'.</u>	360,069.			
	Net investment earnings, gains, and losses	-940,223.	4,400,470.	2,940,372	-6,	921,892.			
	Grants or scholarships								
	Other expenditures for facilities								
·	and programs	938,612.	989,673.	616,272				· .	
f	Administrative expenses								<u> 9</u>
	End of year balance	33,862,617.	34,763,479.	30,604,245	27	287.968.			
2	Provide the estimated percentage of the curr								
	Board designated or quasi-endowment	6.21	%						
	Permanent endowment > 93.79	%	<del></del> -						
	Temporarily restricted endowment	·							
C	The percentages in lines 2a, 2b, and 2c shou								
20	Are there endowment funds not in the posse		ation that are held a	nd administered fo	r the organ	ization			
Ja	by:				ŭ			Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations								X
L	If "Yes" to 3a(ii), are the related organizations						1		
4	Describe in Part XIV the intended uses of the						•		
· ·	t VI Land, Buildings, and Equipm	<b>1ent.</b> See Form 990	). Part X. line 10.						
: 4:	Description of property	(a) Cost or o	1	or other (c	) Accumula	ted	(d) Boo	k valu	e
	Description of property	basis (investr		1 .	depreciatio		1-7		
4-	Land		•						
	Land								
	Buildings	1							
	Leasehold improvements	į.		6,000.	6 - 1	000.			0.
	Equipment			<u> </u>	<u> </u>				
	Other		Y column (R) line 1	10(c))		<b>D</b>			0.
Total	. Add lines 18 through te, (Column (a) must e	quari omi 330, Part	74 COMMENT (D), INTO 1	<u> </u>					

Schedule D (Form 990) 2011 UNIVERSITY	OF BALTIMORE I	<u>FOUNDATION, II</u>	NC. 23-	-7036780 Page 3
Part VII Investments - Other Securities. Sec (a) Description of security or category		(c) M	ethod of valuat	ion:
(including name of security)	(b) Book value		nd-of-year mark	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other			<del></del>	<u> </u>
(A) PRIVATE EQUITY	7 260 170	END-OF-YEAR	маркеп	VALUE
(B) INVESTMENTS	7,268,178. 3,447,197.	END-OF-YEAR	MYDKELL	VALUE
(C) INVESTMENT IN USMF	3,441,191.	PMD-OL-IPWV	MMMM	үднон
(D) LIMITED PARTNERSHIP	805,483.	END-OF-YEAR	маркип	MATITE
(E) INTERESTS	003,403.	END-OF-IERK	PRAINICELL	V1111011
(F)				
(G)				
(H)				
(I)	11,520,858.			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		)		
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 13	(c) M	ethod of valua	tion:
(a) Description of investment type	(b) Book value		nd-of-year mari	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				<del></del>
· (10)				- H 144
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line (a)	15. Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15.)		<b>.</b>	
Part X Other Liabilities. See Form 990, Part X,	line 25.			
1. (a) Description of liability		b) Book value		
(1) Federal income taxes				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
(2)				
(3)				
(4)				
(5)				
(6)				1
(7)				
(8)		<u> </u>		
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to	e 25.)	and that remarks the cross and and	liability for uncerta	in tax positions under
2. FIN 48 (ASC 740).	o ure organization's financial statem	ене паперона на огданганот з		
132053 01-23-12	•		Sch	edule D (Form 990) 2011

	dule D (Form 990) 2011 UNIVERSITY OF BALTIMORE FOUNT XI Reconciliation of Change in Net Assets from Form 990 to A	NDA'I	CION, Control	INC . cial Sta	23- temen	7036780 ts	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		5,759	823.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		2,968	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		2,791	
4	Net unrealized gains (losses) on investments			4		-2,093	
5	Donated services and use of facilities		1	5			
6	Investment expenses		- 1	6			•
7	Prior period adjustments		- 1	7			
-	Other (Describe in Part XIV.)		1	8			7
8	Total adjustments (net). Add lines 4 through 8		- 1	9		-2,093	700.
9	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10			883.
10 Par	t XII Reconciliation of Revenue per Audited Financial Statement	ts Wi	th Reven		Returi	1	
1	Total revenue, gains, and other support per audited financial statements				. 1	4,086	<u>,139.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	<u>-2,09</u>	3 <u>,700</u>	•		
b		2b				•	
c		2c					
d		2d	58	8,825			
	Add lines 2a through 2d				2e	-1,504	875.
3	Subtract line 2e from line 1				1 .	5,591	014.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		••••••				
a		4a	16	8,809			
b	THE OUT OF THE PARTY OF THE PAR	4b			$\neg$		
	Add lines 4a and 4b				4c	168	809.
r.	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				'	5,759	
Par	t XIII Reconciliation of Expenses per Audited Financial Statemen	ıts W	ith Expe	nses pe	r Retu		
	Total expenses and losses per audited financial statements					2,757	.177.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:		*************		·   -		<u>,                                    </u>
2	i i	2a					
a	Donated services and use of facilities	2b			-		
b	The Jon asparan				$\dashv$		
C		2c	7	8,090	_		
đ	Cities (Bodolino III) at 7447	2d			_1	70	,090.
е	Add lines 2a through 2d					2,679	
3	Subtract line 2e from line 1				. 3	4,013	,007 •
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1.0		.		
а		4a		8,809			
b	Other (Describe in Part XIV.)	4b	12	0,344	<del> </del>	000	153
C	Add lines 4a and 4b				. <u>4c</u>		,153.
5 Dat	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIV Supplemental Information				- 5	2,968	, 240.
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, Ii	inon 1	n and 4: Da	t IV linne	1h and	2h: Part V line	4. Part
X, line	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complet TIII, LINE 4: ART AND HISTORICAL COLLECTION	te this	part to prov	ide any a	dditiona	l information.	
COI	LECTIONS, POSTERS, PRINTS AND OTHER ARTIFAC	CTS	•				
PAF	T V, LINE 4: THE FOUNDATION'S PERMANENT END	DOW	MENT C	ONSIS	TS O	F	
	LIOUS DONOR RESTRICTED FUNDS ESTABLISHED TO						ME
FOF	ONGOING PROGRAMS, AS WELL AS SCHOLARSHIPS	ANI	O PROF	ESSOR	SHIP	S.	
PAF	T X, LINE 2: THE ORGANIZATION FOLLOWS THE E	PROV	VISION	S OF			00) 2044
132054 01-23-	; 12		-		OCHE	dule D (Form 9	20) ZU I I

Schedule D (Form 990) 2011 UNIVERSITY OF BALTIMORE FOUNDATION, INC.23-7036780 Page 5  Part XIV Supplemental Information (continued)
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 2008.
PART XII, LINE 2D: REVENUE OF \$709,169 FROM UNIVERSITY PROPERTIES, INC.,
AN AFFILIATE, IS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS, BUT NOT
INCLUDED IN THE FORM 990. BAD DEBTS OF \$(120,344) IS INCLUDED IN REVENUE
IN THE AUDITED FINANCIAL STATEMENTS, BUT AS AN EXPENSE IN THE FORM 990.
PART XIII, LINE 2D: EXPENSES OF \$78,090 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 \$120,344 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 \$1,328,962. THE
NET INCOME FOR THIS ENTITY ON AN UNCONSOLIDATED BASIS IS \$697,883. THE
DIFFERENCE IS \$631,079, OR THE EXCESS FOR UNIVERSITY PROPERTIES, INC., THE
132055 01-23-12

Schedule D (Form 990) 2011	UNIVERSITY	OF	BALTIMORE	FOUNDATION,	INC.23-7036780	Page 5
Schedule D (Form 990) 2011   Part XIV Supplemental Infor	mation (continued)					
					•	
CONSOLIDATED ENTITY						
	···					
						<del></del>
					•	
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					,	
			-			
						······································
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A CONTRACTOR OF THE PROPERTY O						
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	and the second s					

### **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

Name of the organization						ntification number
	SITY OF BALTIMORE F				23-7036	
required to complete this pa						filers are not
<ul> <li>1 Indicate whether the organization rail</li> <li>a X Mail solicitations</li> <li>b X 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, F</li> <li>b If "Yes," list the ten highest paid incompensated at least \$5,000 by the</li> </ul>	e X Solicitate  f Solicitate g Special  or oral agreement with any individual  Part VII) or entity in connection with p  dividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover ising o ling o onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or X Yes	No De
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have el er con contribu	Did alser astody trol of itions?	(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		Х	220,780.	150,198.	70,582.
•		ļ				
		$\vdash$				
		<u> </u>				
				·		
Total				220,780,		
3 List all states in which the organization	ion is registered or licensed to solicit	contrib	ution	s or has been notifie	d it is exempt from r	egistration
MD, VA						
			<del></del>			

132081 01-23-12

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2011.05050 UNIVERSITY OF BALTIMORE FOU 08009\_01

Schedule G (Form 990 or 990-EZ) 2011

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
<sub>3</sub>			(event type)	(event type)	(total number)	001. (0))
Heverine						
2	1	Gross receipts				
	2	Less: Charitable contributions				
_	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
000	5	Noncash prizes				
איים באטפווספט	6	Rent/facility costs	`			
Š	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				<u> </u>
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			(
_	11	Net income summary. Combine line 3, colum	n (d), and line 10	000 D. 185 See 30 com	an awted more than	
a	rt l		answered "Yes" to For	m 990, Part IV, line 19, or re	еролеа тоге тап	
_		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
,			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
200				Unigorph agreement		
		•	1			
	-4	Cross roughlis				
_	1	Gross revenue				
	1	Cash prizes				
5	2	Cash prizes				
5	2	Cash prizes				
Ś	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs		% ☐ Yes % ☐ No	Yes%	
מפווסלא יספורי	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes9	No	No	3
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes9 No h 5 in column (d)	No	No ►	
	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line	Yes 9 No h 5 in column (d) 1, column d, and line 7	No	No	
) a	2 3 4 5 6 7 8 En	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line  ter the state(s) in which the organization operate organization licensed to operate gaming a	Yes 9 No h 5 in column (d) 1, column d, and line 7 ates gaming activities: ctivities in each of thes	No No e states?	No▶	(
) a	2 3 4 5 6 7 8 En	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net garning income summary. Combine line  ter the state(s) in which the organization operation	Yes 9 No h 5 in column (d) 1, column d, and line 7 ates gaming activities: ctivities in each of thes	No No e states?	No D	(
a	2 3 4 5 6 7 8 En ls ls We	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line  ter the state(s) in which the organization operate organization licensed to operate gaming a	Yes9 No h 5 in column (d) 1, column d, and line 7 ates gaming activities: ctivities in each of thes	e states?	No b	Yes I

Schedule G (Form 990 or 990-EZ) 2011 UNIVERSITY OF BALTIMORE FOUNDATION, I	NC.23-7036780 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes L_INO
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity form	ieg
to administer charitable gaming?	
13 Indicate the percentage of gaming activity operated in:	13a %
a The organization's facility	
<ul><li>b An outside facility</li><li>Enter the name and address of the person who prepares the organization's gaming/special events books and</li></ul>	
14 Effet the hame and address of the person who prepares the organization o gamma, opposition of the person who prepares the organization of gamma, opposition of the person who prepares the organization of gamma, opposition of the person who prepares the organization of gamma, opposition of the person who prepares the organization of gamma, opposition of the perso	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and th	ie amount
of gaming revenue retained by the third party > \$	
c if "Yes," enter name and address of the third party:	
Name Name	
Address >	
16 Gaming manager information:	
Name Name	
and the same of th	
Gaming manager compensation > \$	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	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 ▶ \$	the solumns fiil and (v) and Part III
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2 lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional part in the part in	nnal information (see instructions).
lines 9, 90, 100, 100, 100, 10, and 170, as applicable. Also complete this part to provide any assent	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUL	NDRAISERS:
(I) NAME OF FUNDRAISER: RUFFALO CODY	
(I) NAME OF FONDIOLIDER, ROLLING GOOD	
(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

Par	t I Types of Property			•				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1c	(d) Method of de noncash contrib	etermini		·
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
	Cars and other vehicles							
6	Boats and planes				<u> </u>			
7	Intellectual property							
8	Securities · Publicly traded	Х	12	247,670.	COMPARABLE	SAL	ES_	
9	_							
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				<u> </u>			
16	Real estate - Commercial							
17	Real estate - Other	<u> </u>						
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens	ļ						
24	Archeological artifacts							
25	Other							
26	Other ()							
27	Other ()					·		
28	Other ()	<u> </u>						
29	Number of Forms 8283 received by the organ	ization durir	ng the tax year for	contributions				
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29			· · · · · · · · · · · · · · · · · · ·	
							Yes	No
30a	During the year, did the organization receive b	oy contributi	on any property re	ported in Part I, lines 1-28 t	hat it must hold for			
004	at least three years from the date of the initial	contribution	n, and which is not	required to be used for exc	empt purposes for			1.1
	the entire holding period?					30a		X
h	If "Yes," describe the arrangement in Part II.							
	Does the organization have a gift acceptance	policy that	requires the review	of any non-standard contr	ibutions?	31	X	
31	Does the organization hire or use third parties	or related of	organizations to so	licit, process, or sell noncas	sh			
o∠a	contributions?			= <b>*</b>		32a		X
L	If "Yes," describe in Part II.	*	***************************************	***************************************				
	If the organization did not report an amount in	o column (c)	for a type of prope	erty for which column (a) is	checked,		1 12	
33	describe in Part II.	. 55,6,1,1,1 (0)	w ., p o, p. op.		·	<u> </u>		
1 114		e the Instru	ctions for Form 9	90.	Schedule N	/ (Form	990)	(2011)
LHA	FOL Papel WOLK ITEMACHOR ACT NOTICES SO	~ 1,10 HILL						

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

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 EXECUTIVE COMMITTEES
OF THE BOARD ARE AUTHORIZED TO REVIEW AND APPROVE THE FORM 990 PRIOR TO
FILING. A COPY OF THE RETURN IS MADE AVAILABLE TO ALL BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST FORMS ARE REQUIRED TO BE COMPLETED AT THE BEGINNING OF THE FISCAL YEAR.
FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE CFO WAS
DETERMINED BASED ON MARKET FACTORS AND IN CONSULTATION WITH AN INDEPENDENT
RECRUITING FIRM. THE EXECUTIVE DIRECTOR IS PAID BY THE UNIVERSITY AND AS
SUCH IS SUBJECT TO THE UNIVERSITY'S COMPENSATION STRUCTURE.
FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -2,093,700.
PART XI, LINE 2C
THE AUDIT PROCESS WAS UNCHANGED FROM THE CURRENT YEAR, AND IS OVERSEEN
BY THE AUDIT COMMITTEE.
·

SCHEDULE R (Form 990)
Department of the Trea Internal Revenue Service Name of the orga

# Related Organizations and Unrelated Partnerships

2011 Open to Public Inspection OMB No. 1545-0047

nployer identification number 23-7036780

(f)
Direct controlling
entity

	Emp 2		<u> </u>		 
	<u> </u>		(e) End-of-year assets		
s, 34, 35, 36, or 37. ns.			(d) Total income		
" to Form 990, Part IV, line 33, 3.  See separate instructions.	N, INC.	Form 990, Part IV, line 33.)	(c) Legal domicile (state or foreign country)		
<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</li> <li>▶ Attach to Form 990.</li> </ul>	UNIVERSITY OF BALTIMORE FOUNDATION, INC.	f the organization answered "Yes" to	(b) Primary activity	Andreas Comment of the Comment of th	
the Treasury Service	ization	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		
(Form 990) Department of Internal Reven	Name of	Parti			

Part II organizations during the tax year.)

related tax-exempt

(a)	(q)	9	(g)	(e)	Œ	(g)	(0 F)(-1)0	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	section 3 (2(5) 13)	Z(D), 13) lad	
of related organization		foreign country)	section	status (if section	entity	entity?	2	•
•				501(c)(3))		Yes	No	
UNIVERSITY PROPERTIES, INC 52-1040290								
1130 N. CHARLES STREET								
BALTIMORE ND 21201	SEE SCHEDULE O	MARYLAND	501(C)(2)		N/A		×	
UNIVERSITY INSTITUTES INC 23-7439340			•					
1130 N. CHARLES STREET							-	
BALTIMORE MD 21201	SEE SCHEDULE O	MARYLAND	501(C)(3)	12	n/a		×	
A CONTRACT OF THE PROPERTY OF	٠							
	1		-					
	1	-						

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

Schedule R (Form 990) 2011

23-7036780 UNIVERSITY OF BALTIMORE FOUNDATION, INC.

Page 2

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.) Part III

Schedule R (Form 990) 2011

		_				1	1
General or Percentage managing ownership partner?		re related	(h) Percentage ownership			-	Schedule R (Form 990) 2011
General or managing partner? Yes No		ne or mo	(g) Share of end-of-year assets				le R (For
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ause it had o					Schedul
		e 34 bec	(f) Share of total income			:	
(h) Disproportionate allocations? Yes No		art IV, lin					
(g) Share of end-of-year assets		to Form 990, P	(e) Type of entity (C corp, S corp, or trust)		-	-	
(f) Share of total income		or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	(d) Direct controlling entity				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		if the organization	(C) Legal domicile (state or foreign country)				34
		Somplete	tivity				
(d) Direct controlling entity		oration or Trust (C	(b) Primary activity				
(C) Legal domicile (state or foreign		s a Corpo					
(b) Primary activity	-	ganizations Taxable a	<u> </u>				
(a) Name, address, and EIN of related organization		Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization				132162 01-23-12

Page 3

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

te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			(	Yes	S.
During the tax year, did the organization engage in any of the rollowing transactions     Develop of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity	s with one or more reli	ansactions with one of more related organizations listed in Falts II-17? ed entity	1.5 11-10 5	1a	24
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		l <sub>M</sub>
Giff orant or capital contribution from related organization(s)		***************************************			Ь
Toos or loss automation to or for related organization(s)		**************************************			×
d Loans or loan quarantees to or lot letated organization(s)		, , , , , , , , , , , , , , , , , , , ,			
f Sale of assets to related organization(s)				<b>*</b>	ы
g Purchase of assets from related organization(s)	***************************************			19	×
h Exchange of assets with related organization(s)	***************************************	***************************************		14 14	×
i Lease of facilities, equipment, or other assets to related organization(s)		***************************************		;= :-	M
: I and as featilities and immant or other accests from related arranization(s)			-	· · · · · · · · · · · · · · · · · · ·	×
Fease of lacilities, equipment, or outer assets morn related organization(s)	nization(s)				×
	nization(s)				<sub>M</sub>
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)	***************************************		th X	
n Sharing of paid employees with related organization(s)		***************************************		1n X	1
					Þ
<ul> <li>Reimbursement paid to related organization(s) for expenses</li></ul>			***************************************		4 :
p Reimbursement paid by related organization(s) for expenses				15	×
Other transfer of resh or nonethy to related organization(s)					×
r Other transfer of cash or property from related organization(s)					×
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 th	is line, including covered relat	ionships and transaction thresholds.		
	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	<b>.</b>	
(1) UNIVERSITY PROPERTIES, INC.	ы	0			
(2) UNIVERSITY INSTITUTES, INC.	M	0.		### Time ##	
(9)					
(4)					
(9)					
(9)					-
132183 01-23-12	35		Schedul	Schedule R (Form 990) 2011	011

Page 4

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EiN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) (e) Are all Predominant income parmers sec. (related, unrelated, 501(s)(3) exclude from tax under section 512-514) Nec. No.	(f) Share of total income	(g) Share of end-of-year assets	(h)  Olsproportionate allocations?	Disproper Code V-UBI General or Percentage Blocations? O'Schedule K-1 partner? Ownership over the Community of Schedule K-1 partner?	General or F managing partner?	(k) Percentage ownership
					With the state of				
					- Apply				
					-				

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 Part VII   Supplemental Info	UNIVERSITY	OF	BALTIMORE	FOUNDATION,	INC.23-7036780 Page 5
Part VII Supplemental Info	rmation				
Complete this part to pro	vide additional informat	ion fo	r responses to aues:	tions on Schedule R (se	e instructions).
Complete this part to pre	yvido additional illionna		, roopenees to quee		
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	6				

### Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

					. [22]	
o If you are filing for an Automatic 3-Month Extension, comple					▶ X	
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Ex</li> </ul>						
Do not complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed F	orm 8868.		
Electronic filing (e-file). You can electronically file Form 8868 if y	you need :	a 3-month automatic extension of tir	ne to file	(6 months for a	corporation	
required to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	3868 to request	an extension	
of time to file any of the forms listed in Part I or Part II with the ex						
Personal Benefit Contracts, which must be sent to the IRS in page						
visit www.irs.gov/efile and click on e-file for Charities & Nonprofits		(See Instructions). For more details	JI LIIG CIC	scaroine linig or	tillo tottit,	
Part I Automatic 3-Month Extension of Time		submit original (no copies ne	eded).		· · · · ·	
A corporation required to file Form 990 T and requesting an autor				····	•	
Part I only						
All other corporations (including 1120-C filers), partnerships, REM to file income tax returns.					,	
Type or Name of exempt organization or other filer, see instru	ctions.		Employe	er identification	number (EIN) or	
print	01.01.01		2.11,0103.	or idominiodistr	nambor (Entry of	
UNIVERSITY OF BALTIMORE FOR	INDAT	ION. INC.	х	23-703	6780	
File by the	e by the e date for Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)					
iling your eturn, See 1130 N. CHARLES STREET						
return. See Instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  BALTIMORE, MD 21201						
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)		•••••	01	
Application	Return	Application			Return	
• •		1				
Is For         Code         Is For         Code           Form 990         01         Form 990-T (corporation)         07						
Form 990         01         Form 990-T (corporation)         07						
Form 990-BL	02	Form 1041-A			08	
Form 990-EZ	01	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
JENNIFER SCHWAF	RTZ	•			~	
• The books are in the care of > 1130 N. CHARLES	STRE	EET - BALTIMORE, M	D 212	201		
Telephone No. ► 410-837-6148		FAX No. ▶		· · · ·		
If the organization does not have an office or place of business	in the Hn					
<ul> <li>If this is for a Group Return, enter the organization's four digit (</li> </ul>						
				ders the exterisi	on is for.	
1 I request an automatic 3-month (6 months for a corporation	•	•		_		
FEBRUARY 15, 2013 , to file the exempt	organizat	tion return for the organization name	d above.	The extension		
is for the organization's return for:						
calendar year or						
► X tax year beginning <u>JUL 1, 2011</u>	, and	d ending JUN 30, 2012		_ •		
2 If the tax year entered in line 1 is for less than 12 months, cl	neck reaso	on: Initial return I	Final retu	m		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, er	nter the tentative tax, less any				
nonrefundable credits, See instructions.		•	За	\$	0.	
b . If this application is for Form 990-PF, 990-T, 4720, or 6069, or	enter anv	refundable credits and	_	,		
estimated tax payments made. Include any prior year overp	-		3b	\$	0.	
	-		1 00	Ψ		
c Balance due. Subtract line 3b from line 3a. Include your pay	-	·		1.	^	
by using EFTPS (Electronic Federal Tax Payment System), S			3c	<u>  \$</u>	0.	
Caution. If you are going to make an electronic fund withdrawal w			rm 8879		•	
LHA For Privacy Act and Paperwork Reduction Act Notice,	see Instru	ıctions.		Form <b>886</b>	8 (Rev. 1-2012)	
123841 01-04-12		Ert GEIL	1	11.11 1	·O	

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P you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and chack this box  Notes. Only complete Part II if you have already been grained an automatic 3-month estension on a previously filed Form 8888.  P you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).  Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Enter file* identifying number, see instructions  Finity or an Automatic 3-Month Extension of Time. Only file the original (no copies needed).  Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Enter file* identifying number, see instructions.  Employer identification number (EIN) or file or see instructions.  III ADDITION (Not Part III (Not P	Form 8868 (Rev. 1-2012)					Page 2	
Note, Only complete Part II if you have already been grothed an automatic 3-month extension on a previously field Form 8888.  • You are Rifling for an Automatich 3-Month Extension, complete only Part I (on page 1).  Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not occident page 1).  Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not occident page 1).  Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not occident page 1).  Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not occident page 1).  Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not occident page 1).  Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not occident page 1).  Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not occident page 1).  Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not occident page 1).  Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not occident page 1).  Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not occident page 1).  Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not occident page 1).  Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not occident page 1).  Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not occident page 1).  Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not occident page 1).  Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not occident page 1).  Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not occident page 1).  Part III   Additional (Not Automatic) 3		tension. c	complete only Part II and check this	box		▶ X	
# If you are filting for an Automatic 3-Month Extension, complete only Part I (a) page 1).  Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Type or print in the types   International Content of the co							
Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed no print in his type or prin	• If you are filing for an Automatic 3-Month Extension, complet	te only Pa	art I (on page 1).				
Name of exempt organization or other filer, see instructions	Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origir	al (no	copies ne	eded).	
Name of exempt organization or other filer, see instructions							
UNIVERSITY OF BALTIMORE FOUNDATION, INC.	Type or Name of exempt organization or other filer, see instru	ctions					
UNIVERSITY OF BALTIMORE FOUNDATION, INC.						, .	
Number, strout, and room or suite no. If a P.O. box, see instructions.    130 N - CHARLES STREET	THE THE CTEST OF DATESTACES FORD	ארדי ארדי	ON. INC.	X	23-7	036780	
Hand Service Ball Times of the return code for the return that this application is for (file a separate application for each return)    Application   Ball TIMORE   MD   21201				Social			
City, town or post office, state, and ZIP code, For a foreign address, see instructions.   BALTIMORE, MD 21201	filing your 1120 M OTTABLE CORPERED	oo mondo	1010.		,		
BALTIMORE, MD 21201  Enter the Return code for the return that this application is for (file a separate application for each return)    Application		reign add	Iress see instructions				
Application   Return   Return   Application   Return   Re	I vi	neign add	geos, see marastone.				
Application   Return   Code   Seron	DAULIMORE, MD ZIZOI						
Application   Return   Code   Form 990   Code   September   Code   Se	man the man to the state and beating in facilities		to application for each return			0 1	
Signature and Code   Signature   Signatu	Enter the Heturn code for the return that this application is for the	a separa	te application for each retain,	• • • • • • • • • • • • • • • • • • • •			
Signature and Code   Signature   Signatu		Deturn	Application			Refurn	
Form 990 BL							
Form 990-BL   O2   Form 1041-A   O8			IS FOF	84.788 (175.			
Form 990-EZ  O1 Form 4720  O9 Form 990-FF  Form 990-FF  O4 Form 5227  O5 Form 6069  O6 Form 6870  O6 Form 6870  O7 Form 990-T (trust other than above)  O6 Form 6870  O7 Form 990-T (trust other than above)  O7 Form 990-T (trust other than above)  O7 Form 6870  O7 Form 6870  O7 Form 6870  O7 Form 6870  O7 Form 8870  O7 Form			Corres 4041 A	auden Eingenna.	aliga kripati i i jalike-		
Form 990-F   04   Form 5227   10 Form 990-T (sec. 401(a) or 408(a) trust)   05   Form 6099   11 Form 990-T (sec. 401(a) or 408(a) trust)   05   Form 6099   12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  JENNIFER SCHWARTZ  The books are in the care of ▶ 1130 N. CHARLES STREET - BALTIMORE, MD 21201  Telephone No.▶ 410-837-6148   FAX No.▶ If the organization does not have an office or place of business in the United States, check this box   If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   If this is for the whole group, check this box ▶   If it is for part of the group, check this box ▶   If it is for part of the group, check this box ▶   And attach a list with the names and EliNs of all members the extension is for.  4 I request an additional 3-month extension of time until   MAY 15, 2013   ANY 15, 2013   5 For calendar year   or other tax year beginning   JUL 1, 2011   and ending   JUN 30, 2012   6 If the tax year entered in line 5 is for less than 12 months, check reason:   Initial return   Final return   Final return   Change in accounting period  7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.  8a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the b							
Form 990-T (trust other than above)    STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.    STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.    JENNIFER SCHWARTZ	70111990-62.						
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  JENNIFER SCHWARTZ  The books are in the care of ▶ 1130 N. CHARLES STREET - BALTIMORE, MD 21201  Telephone No.▶ 410-837-6148  FAX No.▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.  If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return  Change in accounting period  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  Ball this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made, include any prior year overpayment allowed as a credit and any amount paid proviously with Form 8868.  Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, lits true, correct, and complete, and that I gan authorized to proper this form.  Signature And Payment System). See instructions are completed for Part II only.							
STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 9868.  JENNIFER SCHWARTZ  Telephone No. ▶ 410-837-6148  FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box		· · · · · · · · · · · · · · · · · · ·					
The books are in the care of ▶ 1130 N. CHARLES STREET - BALITIMORE, MD 21201  Telephone No. ▶ 410-837-6148 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box	Form 990-T (trust other than above)			*			
The books are in the care of ▶ 1130 N. CHARLES STREET - BALTIMORE, MD 21201  Telephone No.▶ 410-837-6148 FAX No.▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box    A			natic 3-month extension on a prev	iousiy t	iea Form 8	508.	
Telephone No. ▶ 410-837-6148  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			mmm paymrnopu N	D 01	201		
If the organization does not have an office or place of business in the United States, check this box		S STR		ע אַ ע	<u> </u>		
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box	Telephone No. $\triangleright$ $410-837-6148$					·	
and attach a list with the names and EINs of all members the extension is for.  4 I request an additional 3-month extension of time until  5 For calendar year, or other tax year beginning	<ul> <li>If the organization does not have an office or place of business</li> </ul>	s in the Ur	nited States, check this box		,,		
1 request an additional 3-month extension of time until   MAY 15, 2013	• If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is	or the whol	a group, check this	
For calendar year, or other tax year beginning	box ▶ . If it is for part of the group, check this box ▶	and atta	ach a list with the names and EINs o	all men	bers the ex	tension is for.	
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return  Change in accounting period  7 State in detail why you need the extension  ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that, am authorized to prepare this form.  Signature CPA  Date  Date  Final return  Final return  Final return  Final return  Final return  Final return  Date Time Final return  Final return  Final return  Final return  Final return  Final return  Date Time Final return  Final ret	4 I request an additional 3-month extension of time until	MAY	15, 2013	777		0010	
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