Form 990

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)

2012

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

Open to Public Inspection

Α	For the 2	012 calendar year, or tax year beginning J	UL 1, 2012 and e	nding J	UN 30, 20	13		
В	Check if applicable:	C Name of organization	-		D Employer ide		tion number	
	Address change	UNIVERSITY OF BALTIMOR	E FOUNDATION, IN	ıc.		٠		
	Name change	Doing Business As			23	<u>3-70</u>	36780	
	Initial return	Number and street (or P.O. box if mail is not deli	ivered to street address)	Room/suite	E Telephone nu	ımber		
L	Termin- ated	1130 N. CHARLES STREET			41	<u>.0-8</u> :	37-6148	
Ļ	Amended return		e		G Gross receipts \$		13,357,28	<u>81.</u>
_	Applica- tion pending	BALTIMORE, MD 21201			H(a) is this a gro			_
	pendang	F Name and address of principal officer: STU	ART J. SILBERG	1	for affiliates		Yes X	
		SAME AS C ABOVE			H(b) Are all affiliat			No
			◀ (insert no.)				t. (see instructions)
		▶ WWW.UBFOUNDATION.ORG	01.		H(c) Group exer			2 ***
			sociation Other >	L. Year o	f formation: 196	9 M S	State of legal domicile	: MD
Г	1	ummary		TTOITE	D EO DATO			
စ္ပ	1	efly describe the organization's mission or most						
nan		JNDS , AND PROVIDE FINANC: eck this box ▶ ☐ if the organization discon						<u>, </u>
Activities & Governance		mber of voting members of the governing body (3	18.	31
ဖိ	4 Nu	mber of independent voting members of the gov	reactive, line ray	•••••	•••••••••••	4		31
భ		tal number of individuals employed in calendar ye				5		5
itie.		tal number of volunteers (estimate if necessary)				6		280
댪	7a To	tal unrelated business revenue from Part VIII, col	umn (C), line 12	***************************************	***************************************	7a		0.
⋖		t unrelated business taxable income from Form 9				7b	*-	0.
					Prior Year		Current Year	
Revenue	8 Co	ntributions and grants (Part VIII, line 1h)			4,334,15	8.	8,654,69	4.
	1		***************************************	- 1	57,25	9.	53,57	
ě	10 Inv	estment income (Part VIII, column (A), lines 3, 4,	and 7d)		1,344,56	7.	1,274,53	7.
ш	11 Oth	ner revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		23,83		4,78	
		al revenue - add lines 8 through 11 (must equal l			5,759,82	3.	9,987,59	11.
		ants and similar amounts paid (Part IX, column (A				0.		0.
	1	nefits paid to or for members (Part IX, column (A)				0.		0.
es		aries, other compensation, employee benefits (P			347,46		328,86	
Expenses		fessional fundraising fees (Part IX, column (A), lir		<u></u>		0.	148,34	<u>3.</u>
X		al fundraising expenses (Part IX, column (D), line			0 600 77	<u>-</u>	10 200 50	
_		ner expenses (Part IX, column (A), lines 11a-11d,			2,620,77		19,382,52	
	1	al expenses. Add lines 13-17 (must equal Part IX			2,968,24		19,859,73	
28	19 Rev	venue less expenses. Subtract line 18 from line 1	<u> </u>	Posi	2,791,58 nning of Current Y		-9,872,14	0.
Net Assets or Fund Balances	20 Tot	al assets (Part X, line 16)			6,150,84		End of Year 61,927,71	1
SSE	21 Tot	TELEVE TO A V. P. DOS	•••••••••••••••••••••••••••••••••••••••	[650,05		3,336,01	
影	22 Net	assets or fund balances. Subtract line 21 from li			5,500,79		58,591,69	
		ignature Block				7 - 1		 -
Unde	er penalties	of perjucy, I declare that I have examined his return, in	ncluding accompanying schedules a	nd statemen	its, and to the best	of my kn	owledge and belief, it	t is
rue,	correct, ar	od complete. Declaration of preparer (other than officer)) is based on all information of which	h preparer h	as any knowledge.			
					1 2	14/1	4	
Sign	,	Signature of office			Date `		,	
Here	9	STUART J/SILBERG, BOAR	D-CHAIRMAN		· · · · · · · · · · · · · · · · · · ·			
		Type or print name and title		1.0	1.		I DTIV	·
			Preparer's signature	Dat	Check	L	PTIN	
oaid		SAN KELLER	Dugay P. Keller	19			P00245169	
rep:	<u> </u>		HARTERED		Firm's EIN	<u> 5</u>	2-0959934	
use (Only Fire	n's address 100 S CHARLES ST			 	41^	700 FF0F	
Ans	the IDS -	BALTIMORE, MD 212	·· ···································		ј Рћопе по.	<u>410</u>	-727-5735	

	m 990 (2012) UNIVERSITY OF BALTIMORE FOUNDATION, INC. 23-7036780 Page 2
Pa	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	TO RAISE AND MANAGE FUNDS AND TO PROVIDE FINANCIAL SUPPORT TO THE
	UNIVERSITY OF BALTIMORE. THE FOUNDATION PROVIDES LEADERSHIP, GUIDANCE,
	AND SUPPORT TO THE UNIVERSITY'S ADMINISTRATION IN ADVANCING THE
	MISSION AND VISION OF THE UNIVERSITY.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990 EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
٠	If "Yes," describe these changes on Schedule O.
	*
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 18,837,824. including grants of \$) (Revenue \$)
	ALL PROGRAM SERVICE EXPENSES AND DISTRIBUTIONS SUPPORT THE EDUCATIONAL
	ACTIVITIES OF THE UNIVERSITY OF BALTIMORE. THE FOUNDATION SUPPORTED
	INITIATIVES OF THE UNIVERSITY SUCH AS SCHOLARSHIPS, FACULTY SUPPORT,
	AND COMMUNITY OUTREACH PROGRAMS.
4b	(Code:) (Expenses \$
	·
	·
4c	(Code:) (Expenses \$
1-1	Other program convices (Describe in Schedule Q.)
4d	
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 18,837,824.
	Farm QQD (0010)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ļ
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		٠,,
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X.
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		Х	
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8	Λ	
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		Х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		- 22
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	-
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			1116.5
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ.
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	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	14b		<u>X</u>
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	10		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ĺ	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10	\dashv	
l f	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20b		
			200 (0	

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
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	-		
	Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		}	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25	24a	-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			37
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	251		*7"
00	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	1		v
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	07		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27	7.5	Λ
20	instructions for applicable filing thresholds, conditions, and exceptions):		4.59	
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1 .1 1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	ZOD		
Ů	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Χ.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	\perp	Χ.
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		r (വവ ഗ	040

Form **990** (2012)

13a

a Is the organization licensed to issue qualified health plans in more than one state?

Did the organization receive any payments for indoor tanning services during the tax 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

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

Form 990 (2012)

UNIVERSITY OF BALTIMORE FOUNDATION, INC. 23-7036780 Page
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
Se	ction A. Governing Body and Management						
•						Yes	No
16	Enter the number of voting members of the governing body at the end of the tax year	1a		31			
	If there are material differences in voting rights among members of the governing body, or if the governing			Ì	10 T	-350	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
	Enter the number of voting members included in line 1a, above, who are independent	1b		31	M.	10.7	40
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		•				
_	officer, director, trustee, or key employee?			↓	2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?			-	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		-	5		X
6	Did the organization have members or stockholders?		•••••••••	├	6		X
7a	a transfer of the state of the				1		
1.	more members of the governing body?	••••••		├	7a		X
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		-				
•	persons other than the governing body?			-	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
a	The governing body?	•••••	••••••	J	8a	X	
b	Each committee with authority to act on behalf of the governing body?			-	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach						
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			-	
40-	Did the executation have been been been bounded as a control of			Г		Yes	No
ıva	Did the organization have local chapters, branches, or affiliates?			Ľ	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such characters are the activities are the activities of such characters are the activities are the activit						
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?			-	lOb		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	tiling the form?		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- 1			
12a ե	,, go to mio io				2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o contli	cts?	1	2b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes					٠,	
13	in Schedule O how this was done	• • • • • • • • • • • • • • • • • • • •		. [1	2c	X	
14	Did the organization have a written whistleblower policy?	•••••	••••••	· -	13	X	
15	Did the organization have a written document retention and destruction policy?			· [-	14	X	W
10	Did the process for determining compensation of the following persons include a review and approval	by ind	epenaent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37	
a L	The organization's CEO, Executive Director, or top management official			. 1	5a	X	
	Other officers or key employees of the organization		••••••	. [1	5b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.						
iva						a vvil e	ਾ ੋਂ≾ ਤੁਸ
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	**	**************************************	· -	6a	1111	X
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					44	
				- 1			1-241
Sect	exempt status with respect to such arrangements? ion C. Disclosure	• • • • • • • • • •	****************	. 1	6b		
	List the states with which a copy of this Form 990 is required to be filed ►MD						
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (s		CO4(+)(0)+1-	.	n - I - 1 -		
	for public inspection. Indicate how you made these available. Check all that apply.	section	i ou i (c)(o)s only	, ava	naD10		
		Coher	tulo (O)				
19	LX Own website LX Another's website LX Upon request Other (explain in Describe in Schedule O whether (and if so, how), the organization made its governing documents, conf			mal de		-1	
	statements available to the public during the tax year.	nct of i	merest policy, a	ırı cı fla	nanc.	례	
	State the name, physical address, and telephone number of the person who possesses the books and	F000"	la af tha a				
	JENNIFER SCHWARTZ - 410-837-6148	record	is or trie organiz	ation			
	1130 N. CHARLES STREET, BALTIMORE, MD 21201						
232006 12-10-1				r.	orm O	90 (2)	010)

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

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

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

- 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.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	bo	o not o	ess pa	arom noar	than Is bo	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099·MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANTHONY S. FUGETT	1.00	1,,						0	6	0
DIRECTOR	1 00	X		H		 	_	0.	0.	0.
(2) BARRY M. CHASEN, ESQ. DIRECTOR	1.00	x						0.	0.	0.
(3) CAROLYN H. THALER, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(4) DAVID L. THURSTON	1.00	123								<u> </u>
DIRECTOR		X						0.	0.	0.
(5) DONALD C. FRY, ESQ.	1.00									
DIRECTOR		X						0.	0.	0.
(6) G. LAWRENCE FRANKLIN	1.00						!			
DIRECTOR		X						0.	0.	0.
(7) GEORGE J. NEMPHOS, ESQ.	1.00	l								•
DIRECTOR	1 00	X						0.	0.	0.
(8) HARRY C. STORM, ESQ.	1.00	x					ĺ	0.	0	0
DIRECTOR	1.00	1-						0.	0.	<u> </u>
(9) HOLLY SADEGHIAN, ESQ. DIRECTOR	1.00	х						0.	0.	0.
(10) JAMES P. NOLAN, ESQ.	1.00							V.		
SECRETARY		Х		X				0.	0.	0.
(11) JANA HOWARD CAREY, ESQ.	1.00	.,						0		^
DIRECTOR	1.00	Х					_	0.	0.	0.
(12) JEFFREY C. GLOCK EX-OFFICIO	1.00	х	Ì	ĺ				0.	0.	0.
(13) JOAN M. WORTHINGTON	1.00									
DIRECTOR		X	1		- 1			0.	0.	0.
(14) JOHN F. RIPLEY	1.00									
DIRECTOR		X						0.	0.	0.
(15) KENNETH R. SHUTTS, ESQ.	1.00		1	1	1			į		
DIRECTOR		Х	-				_	0.	0.	0.
(16) L. CONTENT MCLAUGHLIN, ESQ.	1.00									
DIRECTOR	1 00	X	\dashv	\dashv	-			0.	0.	0.
(17) LAURENCE M. KATZ, ESQ.	1.00	х		ļ				0.	0.	0.
DIRECTOR 232007 12-10-12	<u> </u>	<u> </u>				1		V 4		Form 990 (2012)

232007 12-10-12

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

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

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Form 990 UNIVERS	TY OF B	AL'	TI	MO1	RE	F	<u>OU</u>	NDATION, INC	<u>23-703</u>	<u>6780</u>
Part VII Section A. Officers, Directors, T	rustees, Key E	mpi	oyee	s, a	nd F	High	est	Compensated Employ	(ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	ì		Reportable	Reportable	Estimated
	hours	(c	heck				ly)	compensation	compensation	amount of
•	per	Ì				Ė	Ė	from	from related	other
	week					3yee		the	organizations	compensation
	(list any	55	1			dua		organization	(W-2/1099-MISC)	from the
	hours for	0 tg	8			ated		(W-2/1099-MISC)		organization
	related	ustee	First		8	E Stade				and related
	organizations below	nai tr	tonal		g	tcon	_		·	organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RICHARD DAVISON	1.00									•
DIRECTOR		X						0.	0.	0
(28) ROBERT L. BOGOMOLNY	1.00									
EX-OFFICIO		X					[0.	0.	0
(29) ROBERT RUSSEL	1.00									
DIRECTOR	1	X						0.	0.	0
(30) SAYRA WELLS MEYERHOFF	1.00									
DIRECTOR		Х						0.	. 0.	0
(31) STUART J. SILBERG	1.00									
TREASURER		x		X				0.	0.	0
(32) STUART M. GOLDBERG, ESQ.	1.00									
DIRECTOR		Х						0.	0.	0
(33) VERNON H. C. WRIGHT	1.00	-						, i		
EXEC VICE-PRESIDENT		x		x				0.	0.	0
(34) JENNIFER SCHWARTZ	40.00	-								
CFO	2000		ļ	х				91,094.	0.	12,524
(35) THERESA SILANSKIS	40.00				T			32,0320		
EXEC. DIR. EX-OFFICIO				X				0.	0.	0
ANG. DIR. EX OFFICIO			1		一			Ü	0.	
					1			·		
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		- 1	1	- 1	1	ı	- 1	i	j	
,		- 1					-			

		Check if Schedule O conf	tains a response	to any question				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ 4	1	a Federated campaigns	1a	,				ri, valide akteas i
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	······					
(A)		c Fundraising events						
£ 7								
<u>ت</u>	'	d Related organizations						
Sign	'	e Government grants (contribut		279,779.				
¥ 4	1	f All other contributions, gifts, gran						
ĕ		similar amounts not included abo	ve 1f	8,374,915.				
10 C		g Noncash contributions included in lines	1a-1f; \$	144,634.				
<u>0</u> 6	1	h Total. Add lines 1a-1f			8,654,694			
				Business Code				e ana di bara calar
ø	9	a PROGRAM INCOME		900099	53,572	. 53,572,		
.≥	-;			300033	. 55,512	. 33,372		
Program Service Revenue	'							<u> </u>
E Z	'	·						
Ba Be	9	d						
ĕ	•	9 <u></u>						
Д,	f	f All other program service reve	nue		- 100			
	9	Total. Add lines 2a-2f		>	53,572	erjah sakut seye		ing ein negseien ko
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		•	652,793.			652,793.
	4	Income from investment of tax						,
	5	Royalties		•				
	•	· · · · · · · · · · · · · · · · · · ·	(i) Real	(ii) Personal	nu geget, vig Guilley gegi	and 100 continue	1.594.00.3416	STENE DEL 1841 F
	١.,	Craca route	Witteat	(ii) Fersonai				
	6 a	***************************************						
] b	********						
	٥	V 7 11011						
	d	Net rental income or (loss)	······	🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	3,991,434.					
	b	Less: cost or other basis						
		and sales expenses	3,369,690.					
	. ,	Gain or (loss)	, ,					
		Net gain or (loss)			601 744	and the second section of the second		C01 744
		Gross income from fundraising			621,744.	The state of the second of	form a resolute seaso	621,744.
ne ne	g a	-	events (not					
Ven		including \$	Of					
a e		contributions reported on line						
ē		Part IV, line 18						
Other Rever	b	Less: direct expenses	b					
	С	Net income or (loss) from funda	raising events		·			
	9 a	Gross income from gaming act	tivities. See		e veka ean			
		Part IV, line 19		ŀ				
	b	Less: direct expenses	í					
-	~	Net income or (loss) from gami					100 1 5 1 4 1 1 1 4 1 1 5 1 1 1 1 1 1 1 1 1	reunum mana um uu m
		Gross sales of inventory, less r	- 1		Jalus Fulk Tabuluk	van Aalte Stri	- Visitatik (1) (5 tap. k.)	JAN AND AND THE SERVICE
	IU a							
	_	and allowances						
]		Less: cost of goods sold					. 15. M. B. 1994	
	С	Net income or (loss) from sales			,		5 9. 9. 9. 9.	,,
		Miscellaneous Revenue	·	Business Code		4.0000000000000000000000000000000000000		
	11 a	MISCELLANEOUS		900099	4,788.	4,788.		
	b							
ļ	С							
	d	All other revenue						
	e	Total. Add lines 11a-11d			4.788.		536 386568	
- 1	12	Total revenue. See instructions.			9 987 591	58 360	0.	1,274,537,
32009)	. The salanda one uppropriate .				50,500,[Form 990 (2012)

Sec	tion 501(c)(3) and 501(c)(4) organizations must cor			complete column (A).	····
_	Check if Schedule O contains a response	1 115		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	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 the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
J	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,				
Ü	trustees, and key employees	93,845	18,769	75,076.	
6	Compensation not included above, to disqualified	33/313	10,,05	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	159,261.	15,926.	143,335.	
8	Pension plan accruals and contributions (include	133,201	13,520	140,000.	
0	section 401(k) and 403(b) employer contributions)	18,301.		18,301.	
9	Other employee benefits	34,951	3,495.	31,456.	
-		22,510	2,251.	20,259.	
10	Payroll taxes	22,310	4,441	20,233.	
11	Fees for services (non-employees):				
a	• • • • • • • • • • • • • • • • • • • •	10,166.	3,849.	6,317.	
	Legal	31,045		31,045.	
	Accounting	31,043.		31,043.	
đ		148,343.		in the control floor a bright of a	148,343
e	Professional fundraising services. See Part IV, line 17	176,695	N. R. Salada and C.	176,695.	140,343
T	Investment management fees	1/0,093.		170,033.	
g	Other. (If line 11g amount exceeds 10% of line 25,	262 000	212 474	21 000	17 625
	column (A) amount, list line 11g expenses on Sch O.)	263,088.		31,989.	17,625
12	Advertising and promotion	25,454.			
13	Office expenses	41,469.		5,780.	EE CAO
14	Information technology	71,949.	9,219.	7,082.	55,648.
15	Royalties				***************************************
16	Occupancy	C	1 (11	4 4 11 4	
17	Travel	6,585.	4,614.	1,171.	800.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	206 600	216 650	0 040	100
19	Conferences, conventions, and meetings	326,608.	316,658.	9,842.	108.
20	Interest				
21	Payments to affiliates		,		
22	Depreciation, depletion, and amortization	12 562		12 562	
23	Insurance	13,563.	Skill of the sky to be the sky	13,563.	
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	LAW BUILDING EXPENSE	16,618,432.	16,618,432.	0.	0.
a h	STUDENT/FACULTY SUPPORT	982,893.	982,893.	0.	0.
	OTHER PROGRAM SUPPORT	488,836.	488,836.	0.1	0.
4	MISCELLANEOUS	325,745.	98,657.	38,347.	188,741.
u A	All other expenses	J_J_ 1 T J +	50,037.	00,0471	TOOLIET
25 25	Total functional expenses. Add lines 1 through 24e	19,859,739.	18,837,824.	610,650.	411,265.
26	Joint costs. Complete this line only if the organization	<u> </u>	10/00//024		- A M. M. J 24 V U 6
	reported in column (B) joint costs from a combined				•
	educational campaign and fundraising solicitation.				•
	Check here if following SOP 98-2 (ASC 958-720)			,	
	12.10.13				Form 990 (2012)

Form 990 (2012)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X	***************************************	······	·····
	·	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	18,015,191.	1	10,502,713
2	Savings and temporary cash investments	962,914.		0
3	Pledges and grants receivable, net	5,757,486.		7,886,934
4	Accounts receivable, net	35.	4	0
5	Loans and other receivables from current and former officers, directors,		规制	
1	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L	1	5	
6	Loans and other receivables from other disqualified persons (as defined under		-84	
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 7 8	Notes and loans receivable, net	982,594.	7	1,020,607
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	55,729.	9	19,500
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 6,000.			
b	Less: accumulated depreciation 10b 6,000.	0.	10c	0
11	Investments · publicly traded securities	27,987,488.	11	29,966,013
12	Investments - other securities. See Part IV, line 11	11,520,858.	12	12,092,660
13	Investments · program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	868,552.	15	439,284
16	Total assets. Add lines 1 through 15 (must equal line 34)	66,150,847.	16	61,927,711
17	Accounts payable and accrued expenses	534,758.	17	2,884,697
18	Grants payable		18	
19	Deferred revenue	115,294.	19	451,315
20	Tax-exempt bond liabilities		20	
3 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
'	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	-
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			ı
1	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	650,052.	25	3,336,012
26	Total liabilities. Add lines 17 through 25	030,03 ∠.	26	3,330,014
.				
27 28 29 30 31 32	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	5,693,619.	27	5,491,629
27	Temporarily restricted net assets	25,148,826.	28	17,678,340
29	Permanently restricted net assets	34,658,350.	29	35,421,730
23	Organizations that do not follow SFAS 117 (ASC 958), check here		25	150,421,750
:	and complete lines 30 through 34.			가 있는 가 있는 것이 되었습니다. 요즘 사용 이 경우 기계를 보고 있습니다.
30	Capital stock or trust principal, or current funds		30	ing pengang mengangkan dianggan penganggan penganggan penganggan penganggan penganggan penganggan penganggan Penganggan penganggan penganggan penganggan penganggan penganggan penganggan penganggan penganggan penganggan
31	Paid in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	65,500,795.	33	58,591,699
34	Total liabilities and net assets/fund balances	66,150,847.	34	61,927,711
		,,		Form 990 (201

Form **990** (2012)

	990 (2012) UNIVERSITY OF BALTIMORE FOUNDATION, INC.	23-7	036780	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1 .		<u>,591.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,859	
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>-9,872</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65,500	
5	Net unrealized gains (losses) on investments	5	2,963	,052.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	58,591	<u>,699.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			<u>للال</u>
				es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:		12.2	
	Separate basis Consolidated basis Both consolidated and separate basis			THE STATE
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2012)

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

2012

Open to Public Inspection

Name of the organization Employer identification number 23-7036780 UNIVERSITY OF BALTIMORE FOUNDATION, INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated __ Type III · Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (vi) Is the organization in col. (iii) Type of organization (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of monetary in col. (i) listed in your organization in col. organization (described on lines 1-9 support (i) organized in the U.S.? above or IRC section governing document? (i) of your support? (see instructions)) Yes No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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.)

-	fails to qualify under the test	s listed below, plea	ase complete rait	111.7			
	ction A. Public Support	·	,			·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	•					
	include any "unusual grants.")	3444682.	11169244.	2636713.	4334158.	8654694.	30239491
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		,				
4	Total, Add lines 1 through 3	3444682.	11169244.	2636713.	4334158.	8654694.	30239491.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					[변경: 하장 무료	8623357.
6	Public support. Subtract line 5 from line 4.		MANAGEME				21616134.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4		11169244.	2636713.	4334158.	8654694.	30239491.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	360,049.	372,067.	492,818.	619,227.	652,793.	2496954.
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			1			
	assets (Explain in Part IV.)	293,726.	142,846.	113.023.	81,098.	58,360.	689,053.
11	Total support, Add lines 7 through 10				graakyas.		33425498.
12	Gross receipts from related activities,	etc. (see instruction	ons)	,		12	
13	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stor		******************				▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	64.67 %
	Public support percentage from 2011						69.98 %
16a	33 1/3% support test - 2012. If the c	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the c	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali						
	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•		•	
	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts and circ						
	Private foundation. If the organization						
							or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	JOIOTT, PIOUGO COM	pioto i art ii.j				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			· ·			-
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)			arthagan gan	Profile Original		
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·		•			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
i0a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	,					
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	the executable 1	first same at the	d fourth or fill (V 1100K 02 0 2 = = ***	p 501(a)(0)	······································
	First five years. If the Form 990 is for check this box and stop here	-			*		
Sec	check this box and stop heretion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2012 (li	•		olumn (f))		15	%
	Public support percentage from 2011		· .			16	%
	tion D. Computation of Inves				000-000		
17	Investment income percentage for 20	12 (line 10c, colum	ın (f) divided by lin	e 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2012. If the c					3 1/3%, and line 17	
1	more than 33 1/3%, check this box an	d stop here. The	organization quali	ies as a publicly s	upported organiza	ation	▶□
	33 1/3% support tests - 2011. If the o	-					
	ine 18 is not more than 33 1/3%, chec						
20 1	Private foundation. If the organization	did not check a b	ox on line 14, 19a	, or 19b, check thi	s box and see ins	tructions	▶ 🕒

SCHEDULE D

(Form 990)

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

Department of the Treasury Internal Revenue Service

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 Open to Public 🕾 Inspection

Name of the organization

Employer identification number

	UNIVERSITY OF BALTIMORE FOUNDATION, INC.	23-7036780
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	rring
	impermissible private benefit?	Yes No
Pa	rt II. Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	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) Preservation of an historical	ly important land area
	Protection of natural habitat Preservation of a certified hi	istoric structure
	Preservation of open space	
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
а	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	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization 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	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the ye	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization assembles.	partization's accounting for
Pai	conservation easements. 't III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets
1 61	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	J
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an	nd halance sheet works of art
Ia	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	public detvice, provide, in traction,
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	alance sheet works of art, historical
U	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	
	relating to these items:	rico, provide are renorming amounts
	(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, p	
-	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	▶ \$
	Assets included in Form 990, Part X	
		

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

Schedule D (Form 990) 2012

		ITY OF BAL					23-70			
		**								
3	Using the organization's acquisition, access	ion, and other record	is, check any of the	following the	at are a s	significant	use of its	collection	on iten	ns
	(check all that apply):		t							
а	X Public exhibition	C	IX Loan or exc							
b	X Scholarly research	· e	Other		-					
C	X Preservation for future generations									
4	Provide a description of the organization's or	ollections and explai	n how they further t	he organizat	ion's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of								•	
	to be sold to raise funds rather than to be m						F	Yes	X	No.
Pa	rt IV Escrow and Custodial Arran									
L.	reported an amount on Form 990, Pa		3	, ,			-,,			
12	Is the organization an agent, trustee, custod		liany for contribution	ne or other as	eate noi	t included	!			
ıa			-					Yes		No
1.	on Form 990, Part X?					••••••		_ res	L.	_1 NO
Đ	If "Yes," explain the arrangement in Part XIII	and complete the to	ellowing table:							
								Amour	11	
	Beginning balance						<u> </u>			
	Additions during the year									
е	Distributions during the year									
f	Ending balance			• • • • • • • • • • • • • • • • • • • •		1f]	-, · · · · · · · · · · · · · · · · · · ·		
2a	Did the organization include an amount on F							Yes	<u> </u>	No
	If "Yes," explain thment in Part XIII.								<u>. L</u>	<u> </u>
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	rm 990, Part	IV, line 1	10.				
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance	33,862,617.	34,763,479.	30,60	4,245.	27.2	287,968.	33	,849	791.
b	Contributions	1,343,328,	977,973,	1	8.437.		92,177.			.069.
c	Net investment earnings, gains, and losses	3 529 302	-940,223.	i .	0,470		340,372,		.921	
d	Grants or scholarships	3,023,002.	210,220,	1,10			. 10,0,1,		, , , , , ,	, 020,
e	Other expenditures for facilities									
•	and programs	022 154	020 610	000	0 673		16 272			
£	1	933,154	938,612.	30:	9,673.		516,272.			
	Administrative expenses			41.76						
g	End of year balance	37,802,093.		•	3,479,	30,6	04,245,	27	,287,	968.
2	Provide the estimated percentage of the curr			i)) neid as:						
а	Board designated or quasi endowment	12.51	_%							
	Permanent endowment ► 87.49	%								
C	Temporarily restricted endowment	<u>.00</u> %						-		
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are held a	nd administe	red for ti	ne organiz	zation	r		
	by:							,	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations			*************				3a(ii)		<u>X</u>
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?	*****				3b	. !	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipm	ent. See Form 990,	Part X, line 10.					•		•
	Description of property	(a) Cost or ot		or other	(c) Ac	cumulate	d	(d) Bool	k valu	3
	2000, p. 0. p. 0 p. 0. c.	basis (investm	1 - 7	L L		reciation		(4) 200.		-
10	l and						Sylva to			
	Land	· ·					*****			
	Buildings							 		
	Leasehold improvements			6 000		6 0	20			0.
	Equipment	1		6,000.		6,00	JU •			<u> </u>
	Other		(t (D)	06-11			_			<u> </u>

: Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 U.	NIVERSITY	OF 1	BALTI	MORE	FOUNDAT	ION,	INC.	23-	7036780	Page 3
Part VII Investments - Othe	r Securities. Se									
(a) Description of security or category (inc	cluding name of security)	(b) Book v	alue	(c) Metho	d of valua	ation: Cost	t or end-	of-year market	value
(2) Closely-held equity interests	••••••									
(3) Other										
(A) PRIVATE EQUITY			7 510	600	TONTO O	क स्टाइक	D MAD	77 TO FO	373 7 FFF	
(B) INVESTMENTS (C) INVESTMENT IN U	CME			<u>,689.</u>						**
(D) LIMITED PARTNER;		•	3,370	<u>,831.</u>	END-0	r – i da	AAM A	KET	VALUE	
(E) INTERESTS	DILTE		1 009	,140.	END-0	F-VFA	D MAD	रमण	TZAT.TIP	
(F)		-	1,000	, 1 = 0 :	END O.	r inv	77 1,172,17	1411	MUUU	
(G)										
(H)						·				
(1)							***			
Total. (Col. (b) must equal Form 990, Part X	(, col. (B) line 12.) ▶	12	2,092	,660.			The Control	-1-14-7	lag krátokká	gir maga
Part VIII Investments - Progr	ram Related. Se	e Form	n 990, Pai	rt X, line 1	3.					
(a) Description of investme) Book va			d of valua	tion: Cost	or end-c	of-year market	value
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)							·····			
(9) (10)										
Total. (Col. (b) must equal Form 990, Part X	ool /P) line 12 \					gwied, it is in		W. J. V. J. J. V.	-1 - 20 22 28 <u>28 38 38</u> 2233.	Practical victor
Part IX Other Assets. See For		15					<u> </u>		e de la maggion.	<u> </u>
		escrip	tion						(b) Book v	alue
(1)										
(2)	"									•
(3)										
(4)										•
(5)										
(6)										
(7)				-						
(8)							*****			
(9)										
(10)										
Total. (Column (b) must equal Form 990 Part X Other Liabilities. See	, Part X, col. (B) line	15.)		•••••	***************************************	• • • • • • • • • • • • • • • • • • • •	***********	<u> ▶ </u>		
		ie 25.		1 7	o) Book value	1 5		jego i dož		<u> </u>
1, (a) Description (1) Federal income taxes	or napiney			- (1	J) DOOK VAIGE					
(2)						\dashv			a isi sito (alini 43.) Basaint Basin Rose.	
(3)										
(4)										
(5)										
(6)		,								
(7)										
(8)									tru din Englishi Vilonia ilindishi	
(9)										
(10)										
(11)										
Total. (Column (b) must equal Form 990,				_						
2. FIN 48 (ASC 740) Footnote. In Part >				_				-	_	tion's
liability for uncertain tax positions un	ider FIN 48 (ASC 74	0). Che	ck here if	the text o	of the footnote	has been	provided	in Part X		<u> </u>
								Calcad.	de D./Earns Of	10/ 0040

232053 12-10-12

Caha	dule D (Form 990) 2012 UNIVERSITY OF BALTIMORE FOU	י א רוזאו	PTON TNO	วร์_	7036780 Pag	4
	t XI Reconciliation of Revenue per Audited Financial Statemer					<u>16 T</u>
1				1	12,737,25	0.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			120		
а	Net unrealized gains on investments	2a	2,963,052.			
b	Donated services and use of facilities	2b				ì
С	Recoveries of prior year grants					
d	The state of the s	1 1	-36,698.			
е	Add lines 2a through 2d			2e	2,926,35	4.
3	Subtract line 2e from line 1		***************************************	3	9,810,89	6.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	176,695.	3		
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	176,69	<u>5.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,987,59	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per	Retu		
1	Total expenses and losses per audited financial statements			1	20,184,32	7.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)		568,899.			
е	Add lines 2a through 2d			2e	568,89	<u>9.</u>
3	Subtract line 2e from line 1			3	19,615,42	8.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	176,695.			
b	Other (Describe in Part XIII.)	4b	67,616.			
	Add lines 4a and 4b			4c	244,31	1.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	19,859,739	9.
Par	t XIII Supplemental Information		-			
Comp	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a	a and 4; Part IV, lines 1b	and a	2b; Part V, line 4; Par	rt
X, line	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	rovide	any additional informati	on.		
PAF	T III, LINE 4: ART AND HISTORICAL COLLECTION	ONS	INCLUDE LIB	RAR	Υ	
COL	LECTIONS, POSTERS, PRINTS AND OTHER ARTIFA	CTS-				
PAR	T V, LINE 4: THE FOUNDATION'S PERMANENT EN	DOWN	ENT CONSIST	<u>s 01</u>	₹	
			•			
VAR	IOUS DONOR RESTRICTED FUNDS ESTABLISHED TO	PRC	VIDE A SOUR	CE (OF INCOME	
FOR	ONGOING PROGRAMS, AS WELL AS SCHOLARSHIPS	AND	PROFESSORS	HIP	3.	
					•	
PAR	T X, LINE 2: THE ORGANIZATION FOLLOWS THE 1	PROV	ISIONS OF A	CCOT	JNTING	
			\$	Sched	ule D (Form 990) 20	12

Schedule D (Form 990) 2012 UNIVERSITY OF BALTIMORE FOUNDATION, INC. 23-7036780 Page 5 Part XIII 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 2009.
•
PART XI, LINE 2D - OTHER ADJUSTMENTS:
REVENUE FROM UNIVERSITY PROPERTIES, INC.
BAD DEBT EXPENSE
PART XII, LINE 2D - OTHER ADJUSTMENTS:
EXPENSES FROM UNIVERSITY PROPERTIES, INC.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
BAD DEBT EXPENSE
PART XII, LINE 2D: REVENUE OF \$30,918 FROM UNIVERSITY PROPERTIES, INC.,
AN AFFILIATE, IS INCLUDED IN THE AUDITED FINANCIAL STATEMENTS, BUT NOT
INCLUDED IN THE FORM 990. BAD DEBTS OF \$(67,616) IS INCLUDED IN REVENUE
IN THE AUDITED FINANCIAL STATEMENTS, BUT AS AN EXPENSE IN THE FORM 990.
PART XIII, LINE 2D: EXPENSES OF \$568,899 FROM UNIVERSITY PROPERTIES;
232055 12-10-12 25
6.7

Schedule D (Form 990) 2012 UNIVERSITY OF BALTIMORE FOUNDATION, INC. 23-7036780 Page 5 Part XIII Supplemental Information (continued)
INC., AN AFFILIATE, ARE INCLUDED IN THE AUDITED FINANCIAL STATEMENTS; BUT
NOT INCLUDED IN THE FORM 990.
PART XIII, LINE 4B: BAD DEBTS OF \$67,616 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(LOSS) EQUALS
(\$7,447,077). THE NET LOSS FOR THIS ENTITY ON AN UNCONSOLIDATED BASIS IS
(\$6,909,096). THE DIFFERENCE IS (\$537,981), OR THE EXCESS FOR UNIVERSITY
PROPERTIES, INC., THE CONSOLIDATED ENTITY.
•

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open To Public

Inspection

Name of the organization Employer identification number UNIVERSITY OF BALTIMORE FOUNDATION, INC. 23-7036780 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes RUFFALO CODY - 65 KIRKWOOD No NORTH ROAD SW. CEDAR RAPIDS 232,630 154,065 78,565. 78,565. 232,630. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. MD, VA

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

Schedule G (Form 990 or 990-EZ) 2012

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
	·	(event type)	(event type)	(total number)	col. (c))
Revenue			-		
Rev	1 Gross receipts				
	O Lagar Cartella Mara				
	2 Less: Contributions				
\bot	3 Gross income (line 1 minus line 2)				-
	4 Cash prizes				
	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
장					
5	7 Food and beverages				
٦,	Entortainment		ļ		
	8 Entertainment 9 Other direct expenses				
1	10 Direct expense summary. Add lines 4 through				1,
	11 Net income summary. Combine line 3, colum				
ar	rt III Gaming. Complete if the organization	answered "Yes" to For	m 990, Part IV, line 19, or	reported more than	
	\$15,000 on Form 990-EZ, line 6a.		• • • • • • • • • • • • • • • • • • • •		
		() 5	(b) Pull tabs/instant		(d) Total gaming (add
		· (a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
	1 Gross revenue		-	·	
	2 Cash prizes				
	3 Noncash prizes		·		
	4 Rent/facility costs				
L	5 Other direct expenses				
	•	Yes %	Yes% No	Yes %	
	6 Volunteer labor		· · · · · · · · · · · · · · · · · · ·		1
	Volunteer labor Direct expense summary. Add lines 2 through			>	
	,	5 in column (d)			
8	7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Combine line 1	5 in column (d)		>	
E a ls	7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Combine line 1 Enter the state(s) in which the organization operat s the organization licensed to operate gaming act	5 in column (d), column d, and line 7 es gaming activities: _ ivities in each of these	states?	> _	
E a ls	7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Combine line 1 Enter the state(s) in which the organization operat	5 in column (d), column d, and line 7 es gaming activities: _ ivities in each of these	states?	> _	
E a ls b lf	7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Combine line 1 Enter the state(s) in which the organization operate is the organization licensed to operate gaming act if "No," explain: Were any of the organization's gaming licenses re-	s 5 in column (d)	states?erminated during the tax y	>	Yes No
E a ls b lf	7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Combine line 1 Enter the state(s) in which the organization operat Is the organization licensed to operate gaming act If "No," explain:	s 5 in column (d)	states?erminated during the tax y	>	Yes No

Schedule G (Form 990 or 990-EZ) 2012 UNIVERSITY OF BALTIMORE FOUNDATION, INC. 23-7036780 Page 2

Schedule G (Form 990 or 990-EZ) 2012 UNIVERSITY OF BALTIMORE FOUNDATION	, INC.23-7036780 Page 3
11 Does the organization operate gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity to administer charitable gaming?	formed
13 Indicate the percentage of gaming activity operated in:]
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records:
Name >	· .
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	enue? Yes Do No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ an of gaming revenue retained by the third party ▶ \$	d the amount
c If "Yes," enter name and address of the third party:	
on roo, shorthand are address of the time party.	
Name	*
Address >	•
16 Gaming manager information:	
Name >	
Gaming manager compensation > \$	
Description of services provided	
·	
Director/officer Employee Independent contractor	
47 Mandalan distributions	
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, lin lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any add	* * * * * * * * * * * * * * * * * * * *
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID F	IINIDD X T CEDC.
SCHEDURE G, FART I, BINE ZD, BIST OF TEN HIGHEST FAID F	UNDRAISERS:
(I) NAME OF FUNDRAISER: RUFFALO CODY	1111
(1) WANE OF FUNDAMENTALE, NOTTALO CODI	
(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

Schedule M (Form 990) (2012)

Name of the organization					Employer i	dentifica	tion n	umbe
UNIVERSITY	OF BALT	IMORE FOU	NDATION,	INC.	23	703	678	0
Part I Types of Property								
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on	Method on	(d) of determ tribution :		nts
1 Art · Works of art								
2 Art - Historical treasures			·					
3 Art · Fractional interests								
4 Books and publications		CLARE TRADE						
5 Clothing and household goods		She pripality in						
6 Cars and other vehicles								
7 Boats and planes								
8 Intellectual property								
9 Securities - Publicly traded		13	144,	634. C	OMPARABL	E SAI	ĿES	
10 Securities - Closely held stock								
11 Securities - Partnership, LLC, or								
trust interests								
12 Securities - Miscellaneous								
13 Qualified conservation contribution -								
Historic structures								
14 Qualified conservation contribution - Other								
15 Real estate - Residential								
16 Real estate - Commercial								
17 Real estate · Other								
18 Collectibles								
19 Food inventory								
20 Drugs and medical supplies			•					
21 Taxidermy			·					
22 Historical artifacts								
23 Scientific specimens								
24 Archeological artifacts								
25 Other								
26 Other • ()								
27 Other ()								
28 Other (
29 Number of Forms 8283 received by the organi	zation during	the tax year for co	ontributions	<u> </u>				
for which the organization completed Form 82	_	-	1	29				
·		· ·	***************************************				Yes	No
30a During the year, did the organization receive b	y contributio	n any property rep	orted in Part I. line	s 1-28 that it	must hold for		1.70	
at least three years from the date of the initial								
the entire holding period?			•	•				Х
b If "Yes," describe the arrangement in Part II.				•••••	••••••		11-1	13.4
31 Does the organization have a gift acceptance	policy that re	guires the review o	of anv non-standar	d contributio	ns?	31	X	25
32a Does the organization hire or use third parties					* *************************************			
contributions?						32a	<u> </u>	X
b If "Yes," describe in Part II.	*******************	***************************************	******************	,	*************************	524	3.3	- 73
33 If the organization did not report an amount in	column (c) fo	r a type of propert	v for which colum	n (a) is check	ed.		X	
describe in Part II.	(0) 10	,, p.oport	,	1-7 10 011001	,			
HA For Paperwork Reduction Act Notice, see	the Instruct	ions for Form 990			Schedule	M/Form	990) (2012

232141 12-20-12

	(1 0)111 330/ (2012)	OMIATER	UF	BALTIMORE	FOU	<u>'NDATTON'</u>	INC.	<u>23-7036780</u>) Page
Part II	Supplemental the organization is Also complete this	Information. Con reporting in Part I, co part for any additions	nplete iumn (al infor	this part to provide b), the number of co mation.	the info	mation required ons, the numbe	d by Part I, li r of items re	nes 30b, 32b, and 33 ceived, or a combinat	, and wheth ion of both.
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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.

2012
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.
PART XI, LINE 2C
THE AUDIT PROCESS WAS UNCHANGED FROM THE CURRENT YEAR, AND IS OVERSEEN
BY THE AUDIT COMMITTEE.
SCHEDULE R, PART II:
PRIMARY ACTIVITY OF UNIVERSITY PROPERTIES, INC.
PURCHASES, LEASES, AND HOLDS TITLE TO BOTH REAL AND PERSONAL PROPERTY
FOR THE BENEFIT OF THE FOUNDATION.
·

SCHEDULE R, PART II:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

BALTIMORE FOIL 08009 01

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization UNIVERSITY OF BALTIMORE FOUNDATION, INC.	Employer identification number 23-7036780
PRIMARY ACTIVITY OF UNIVERSITY INSTITUTES, INC.	
PROMOTES, ORGANIZES, DEVELOPS, AND PRESENTS INFORMAL NON-	CREDIT
EDUCATIONAL SEMINARS TO THE GENERAL PUBLIC FOR EDUCATIONA	L AND
CHARITABLE PURPOSES.	
· ,	
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	-

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

Related Organizations and Unrelated Partnerships

, or 37.

OMB No. 1545-0047
2012
Open to Public
Inspection

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

INC.

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

UNIVERSITY OF BALTIMORE FOUNDATION,

Employer identification number 23-7036780

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) £ End-of-year assets <u>ම</u> Total income ত্ত Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity PartII

SEE SCHEDULE O
SEE SCHEDULE O

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

232161 12-10-12 LHA

Schedule R (Form 990) 2012

23-7036780 Schedule R (Form 990) 2012 UNIVERSITY OF BALTIMORE FOUNDATION, INC.

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity		(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income		(g) Share of end-of-year assets	(h) Disproportionate allocations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership) rtage ship
						Ave. a management of the second of the secon					i i		
										To the state of th			
						THE		-					
Part IV Identification of Related Organizations Taxable as a Corporation Organization of Institute the tax year)	anizations Taxable a	as a Corpo	ration or Trust (Co	omplete if th	ne organizatio	n answered	Yes" to Fon	m 990, Parl	t IV, line 34	or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	d one or	nore relate	pe
(a) Name, address, and EIN of related organization		Prím	vity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership	Sect Sect 512(b) control entity	ion XX13) Siled
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232162 12-10-12				35			A			Schec	dule R (F	Schedule R (Form 990) 2012	2012

23-7036780 Page 18

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

Note. Complete line 1 if any entity is listed in Parts II III or IV of this schools le		***************************************				
1 During the tax year, did the organization engage in any of the following transportions with one or more additional transported to the tax year.	the state of the state of				Yes	Š
a Beceipt of (1) interest (ii) annuities (iii) rowsties or (ii) rows from a constant of the second o	es with other of friore re	elated organizations listed ir	Farts II-IV?			
	***************************************			1 a		×
ס (בות, grant, of capital contribution to related organization(s)				£		×
c Gift, grant, or capital contribution from related organization(s)				,		×
d Loans or loan guarantees to or for related organization(s)		4 4 4 4 4 4 4 4 5 5 5 6 6 6 6 6 6 6 6 6		2 :		4 3
a loans or loan distantees by related commismically	***************************************			2		×
	************************			1e		×
f Dividends from related organization(s)		•		*		×
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ation(s)	***************************************	• • • • • • • • • • • • • • • • • • • •		5		4 :
				ŧ		×
Excriange of assets with related organization(s)	***************************************			¥		×
 Lease of facilities, equipment, or other assets to related organization(s) 				=		×
					137	
k Lease of facilities, equipment, or other assets from related organization(s)				<u></u>	1	Þ
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)	# # # # # # # # # # # # # # # # # # #		=		4 ×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)		***************************************		T	1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)	***************************************		Ę,	Þ	∢
o Sharing of paid employees with related oxnapization(s)		**************************	***************************************	F	4	
	***************************************	***************************************	***************************************	٩	×	
						À
		***************************************		1p		×
q Reimbursement paid by related organization(s) for expenses	***************************************			19		×
r Other transfer of cash or property to related organization(s)				÷		×
				ψ,		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	its line, including covered re	lationships and transaction thresholds.			
(a)	(H)	(3)				
Name of other organization	Transaction type (a-s)	Amount involved	(a) Method of determining amount involved	volved		
(1) UNIVERSITY PROPERTIES, INC.	Z	0			-	
(2) UNIVERSITY INSTITUTES, INC.	Z	0				
(3)			And the second s			
(4)						-
(6)			manus estat.			
(9)						
232163 12-10-12	36		Schedule B (Form 990) 2012	R (Form	1066	2012

Page 4

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

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

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Schedule R (Form 990) 2012

vil Supplemental Inf	ormation						
Complete this part to p	rovide additional inforr	nation for res	ponses to ques	stions on Schedule	R (see instruc	tions).	
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Form **8868**

Department of the Treasury Internal Revenue Service

(Rev. January 2013)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	ete only P	art Land check this box			b	X
	are filing for an Additional (Not Automatic) 3-Month E						L 23 .
	omplete Part II unless you have already been granted						
	ic filing (e-file). You can electronically file Form 8868 if					fau a	
	to file Form 990-T), or an additional (not automatic) 3-mo						
	file any of the forms listed in Part I or Part II with the ex						
	Benefit Contracts, which must be sent to the IRS in pa		(see instructions). For more details	on the e	lectronic filir	ng of this fo	orm,
	r.irs.gov/efile and click on e-file for Charities & Nonprofit			, ,			
Part I	Automatic 3-Month Extension of Time ation required to file Form 990-T and requesting an auto						
Part I only				complet	6		
•	vorporations (including 1120-C filers), partnerships, REN		Impate annual control Forms 700 d.t.			🏴	ш
to file inco	ome tax returns.		rusts must use Form 7004 to reques	st an exte	ension of tim	:	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employ	er identifica	tion numb	er (EIN) o
print	IDITUDOTEN OF DATETHORD TO		T.037 T.170				_
File by the	UNIVERSITY OF BALTIMORE FO			<u> </u>		03678	
due date for filing your	Number, street, and room or suite no. If a P.O. box, s 1130 N. CHARLES STREET	ee instruc	tions.	Socials	security num	iber (SSN)	
return. See instructions.	City, town or post office, state, and ZIP code. For a fo	reign add	fress see instructions				
	BALTIMORE, MD 21201		read, aco matructiona,				
Cator the	Debugge and fauthorists and all the sections and sections and sections and sections are sections.						
curet rue	Return code for the return that this application is for (file	e a separa	te application for each return)	•••••	• • • • • • • • • • • • • • • • • • • •	••••••	0 1
Application	on .	Return	Application				Return
ls For		Code	Is For				Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)				07
Form 990-	BL	02	Form 1041-A				08
Form 4720	O (individual)	03	Form 4720				09
Form 990-		04	Form 5227				10
	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						
• The boo	oks are in the care of > 1130 N. CHARLES	STRE		212	201		
	one No. ► 410-837-6148		FAX No. D				_
# If this is	ganization does not have an office or place of business	in the Un	ited States, check this box	• • • • • • • • • • • • • • • • • • • •		▶ [
box 🏲	for a Group Return, enter the organization's four digit (aroup Exe	mption Number (GEN) If	this is fo	or the whole	group, che	eck this
	. If it is for part of the group, check this box Lucst an automatic 3-month (6 months for a corporation	and attac	on a list with the names and EINs of	all memi	pers the exte	ension is fo	or.
	FEBRUARY 15, 2014, to file the exempt				The automoti	t	
	the organization's return for:	organizat	or return for the organization name	above.	ine extens	ion	
>	calendar year or						
▶Ū	X tax year beginning JUL 1, 2012	, and	ending <u>JUN</u> 30, 2013				
		,	<u> </u>		— ·		
2 If the	tax year entered in line 1 is for less than 12 months, ch	eck reaso	n: Initial return 🔲 F	inal retu	'n		
	Change in accounting period						
20 If this	application is far form 000 BL 000 DE 000 T 4700	. 0000		1	1		
	s application is for Form 990-BL, 990-PF, 990-T, 4720, o efundable credits. See instructions.	ouby, en	ter the tentative tax, less any				Λ
	s application is for Form 990-PF, 990-T, 4720, or 6069, e	nter any	efundable credits and	3a			0.
	nated tax payments made. Include any prior year overpa			3b			0.
	nce due. Subtract line 3b from line 3a. Include your pay			SD	\$		<u> </u>
	ing EFTPS (Electronic Federal Tax Payment System). S			3с	\$		0.
	you are going to make an electronic fund withdrawal wi				EO for pavm	ent instruc	
	Privacy Act and Paperwork Reduction Act Notice, s					3868 (Rev.	