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## 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)

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

OMB No 1545-0047 008 Open to Public

Inspection

A F	or the	2008 calendar year, or tax year beginning and ending	
<b>B</b> c	heck if pplicabl	Please use IRS C Name of organization	D Employer identification number
	Addre chang Name	print or CAL RIPKEN SR FOUNDATION INC	F2 2212500
<u> </u>	_]chang □Initial	B Doing Dusiness As	52-2310500
늗	return Termir	Number and street (or P.O. box if mail is not delivered to street address) Room/su	•
77	⊒atıon	Instruc- 1427 CDARRVIEW ROAD 100	410-823-0808
ļĀ.	Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$ 9,224,622
	Application pendir	na (	H(a) Is this a group return
		F Name and address of principal officer:	for affiliates? Yes X No
		<b>V</b>	H(b) Are all affiliates included? Yes No
		empt status:	If "No," attach a list (see instructions)
		re: ► WWW.RIPKENFOUNDATION.ORG  organization: X Corporation Trust Association Other L Ye	H(c) Group exemption number
	rt I		ear of formation: 2001 M State of legal domicile: M
ą.	1	Briefly describe the organization's mission or most significant activities: ${ m \underline{LED}\ BY\ FG}$	ORMER BASEBALL GREATS,
anc		<u>CAL RIPKEN, JR. AND BILL RIPKEN, THE CAL RIP</u>	KEN SR. FOUNDATION,
i.i.	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25% of its assets.
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 2
8	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 2:
es	5	Total number of employees (Part V, line 2a)	5   2:
viti	6	Total number of volunteers (estimate if necessary)	6 9
Acti	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	
<i>'</i>	b	Net unrelated business taxable income from Form 990-T line 37 / ED	7ь   0
		Contributions and grants (Part VIII line 1b)	Prior Year Current Year
<u>•</u>	8	Contributions and grants (Part VIII, line 1h)	7,658,007. 7,929,535
Revenue	9	Program service revenue (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines (32), and 7d)	67,569.
Şev	10		7,492. 10,015
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e) [ ] T	416,530. 561,647
		Total revenue - add lines 8 through 11 (must equal Path Aut eologia (A), line 12)	8,149,598. 8,501,197
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,028,192. 3,682,591
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
န	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,262,402. 1,713,755
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
жbе	b	Total fundraising expenses (Part IX, column (D), line 25)   438,999.	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,416,230. 2,426,028
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,706,824. 7,822,374
	19	Revenue less expenses. Subtract line 18 from line 12	2,442,774. 678,823
Net Assets or Fund Balances			Beginning of Year End of Year
set	20	Total assets (Part X, line 16)	8,553,222. 8,886,314
gg.	21	Total liabilities (Part X, line 26)	2,105,646. 1,706,554
	22	Net assets or fund balances. Subtract line 21 from line 20	6,447,576. 7,179,760
Ра	ırt II	Signature Block	
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	its, and to the best of my knowledge and belief, it is true, correct, dge
		M 11/4	1 dula
Sigr		Supporture of officer	Date
Here	е	Signature of officer	Date
		Type or print name and title	
	-		Check if Preparer's identifying number
Paid		Troparci 3	self- (see instructions)
Prep	arer's	CAMED R. WILHELM 01/00/10	
Use	Only	yours if SC&H IAA & ADVISORI SERVICES, LLC	EIN ►
		address and	Dhaman N / 410 \ 402 150
N 4	. db a 15	ZIP+4 SPARKS, MARYLAND 21152	Phone no. ► (410) 403-1500  X Yes No
		RS discuss this return with the preparer shown above? (see instructions)	
83200	01 12-1	8-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate i	nstructions. Form 990 (2008)

### Part IV Checklist of Required Schedules

			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_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			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as 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 U.S?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		_X_
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_X_
21	Did the organization report more than \$5,000 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 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			7.7
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
<b>23</b> a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		X
<b>L</b>	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_		
D	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	OFL		x
26	pnor year? If "Yes," complete Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b	-	Λ
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	0.0		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	_26		Λ
£.i	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
	Commodition to a person related to soon an intulvidual. II Tes, Complete Scribbulle L, Fait III		990 (	

### Part IV Checklist of Required Schedules (continued)

•			Yes	No_
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization?	]		
	If "Yes," complete Schedule L, Part IV	28b	X	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
			000 .	

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Pai	t V · Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and 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?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	_5c		
	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a_	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
9	excess business holdings at any time during the year?	_8		
_	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	00		
a b	•	9a 9b		
10	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: N/A	90		
а	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: N/A			
· ·	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
	The state of the s			

Form **990** (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.	ŀ		
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	_2	X_	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X_	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	_ 6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	<u> </u>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		ľ	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
<u>Sec</u>	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		ļ	
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	_ X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	X	
þ	Other officers or key employees of the organization?	15b	X	<u> </u>
	Describe the process in Schedule O (see instructions)		1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	<u>L</u>	<u> </u>
<u>Sec</u>	tion C. Disclosure		_	
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, CA, CT, FL, GA, IL, KS, KS		<u>, MA</u>	<u>,MI</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion.	<b>-</b>	
	BRIAN WENTZ - 410-823-0808			
	1427 CLARKVIEW ROAD, SUITE 100 BALTIMORE, MD 21209	_		
83200	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2008)

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not c  (A)	ompensate an (B)	y of	fice		<u>ecto</u> C)	or, tn	uste	ee, or key employee. (D)	(E)	(F)
Name and Title	Average		Position					Reportable	Reportable	Estimated
	hours	(c	(check all the					compensation	compensation	amount of
	per	5			T		from	from related	other	
	week	drec				5		the	organizations	compensation
		tee or	nstee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		l trus	nal tr		loyee	O III		(***2/1099-141100)		and related
		ndividual trustee or director	nstitutional trustee	Officer	y emp	Highest compensated employee	Ē			organizations
		ੂ	Ĕ	통	ş.	₹5	호			
VIOLET R. RIPKEN										
FOUNDING CHAIRWOMAN	1.00	X	ļ	X	-	<u> </u>		0.	0.	0.
CALVIN E. RIPKEN, JR.	4 00									
VICE CHAIRMAN	1.00	X	<u> </u>	X				0.	0.	0.
LONNIE M. RITZER, ESQ.	1 00							_	•	•
SECRETARY	1.00	X	ļ	X		-	-	0.	0.	0.
WILLIAM O. RIPKEN	1 00								•	•
VICE CHAIRMAN	1.00	X	<u> </u>	X				0.	0.	0.
THOMAS A. BAUM	1 00	٠,							•	•
DIRECTOR	1.00	X		┢	ļ	-		0.	0.	0.
ROBBIE CALLAWAY	1 00	.,		x					•	0
CHAIRMAN STEPHEN A. GEPPI	1.00		<del> </del>	<u>A</u>	-	$\vdash$	-	0.	0.	0.
STEPHEN A. GEPPI DIRECTOR	1.00	v		Ì				0.	0.	0.
JOHN KARAS, ESQ.	1.00	^	!		ļ	-		0.	<u> </u>	<u> </u>
DIRECTOR	1.00	v						0.	0.	0.
HONORABLE FRANCIS X. KEL	1.00	^	1							
CHAIRMAN ELECT	1.00	×		$ _{\mathbf{x}}$				0.	0.	0.
DONALD H. KIRK, JR.	1.00	1	<del>                                     </del>	1				1		
DIRECTOR	1.00	x						0.	0.	0.
ROGER RALPH	2:00	-								
DIRECTOR	1.00	x						0.	0.	0.
IRVIN H. BISNOV			İ							
TREASURER	1.00	x		X				0.	0.	0.
MANUS COONEY										
DIRECTOR	1.00	X	ŀ					0.	0.	0.
CHRIS FLANNERY			Ì							
DIRECTOR	1.00	X						0.	0.	0.
HONORABLE MIKE MOORE										
DIRECTOR	1.00	X						0.	0.	0.
NICHOLAS CODISPOTI										
DIRECTOR	1.00	X					L	0.	0.	0.
LARRY E. WALTON										
DIRECTOR	1.00	X					L_	0.	0.	0.

832007 12-18-08

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2	Total number of individuals (including those in Ta) who received more than \$100,000 in reportable			
	compensation from the organization .	<b>&gt;</b>		4
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	. 3		_X_
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to			
	the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

(A) Name and business address	(B) Description of services	(C) Compensation
NORTHBAY, 11 HORSESHOE POINT LANE, NORTH EAST, MD 21901	YOUTH CAMP HOUSING	221,492.
BALTIMORE MARRIOTT WATERFRONT 700 ALICEANNA STREET, BALTIMORE, MD 21202	EVENT FACILITY	198,331.
Total number of independent contractors (including those in 1) who received m	ore than \$100,000 in compensation	

from the organization SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2008)

832008 12-18-08

### Part IX Statement of Functional Expenses

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

	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 U.S. See Part IV, line 21	3,682,591.	3,682,591.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	7.62 006	255 222	005 546	100 151
_	trustees, and key employees	763,096.	357,229.	297,716.	108,151.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	818,203.	381,141.	223,745.	213,317.
7	Other salaries and wages Pension plan contributions (include section 401(k)	010,203.	301,141.		413,317.
8	and section 403(b) employer contributions)	8,382.	3,073.	4,760.	549.
9	Other employee benefits	38,635.	27,093.	501.	11,041.
10	Payroll taxes	85,439.	42,493.	17,833.	25,113.
11	Fees for services (non-employees)	03,433.	14,155	17,033.	23,113.
''	Management				
b	Legal	49,268.		49,268.	·
c	Accounting	66,301.		66,301.	
d	· · · · · · · · · · · · · · · · ·	33,3323		33,332.3	······
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	42,382.		15,625.	26,757.
12	Advertising and promotion	40,788.		21,867.	18,921.
13	Office expenses	78,897.	31,149.	43,265.	4,483.
14	Information technology .	29,864.	20,659.	9,205.	
15	Royalties .				
16	Occupancy .	147,120.	115,210.	31,910.	
17	Travel	224,917.	87,219.	135,021.	2,677.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	37,289.	71.	37,193.	25.
20	Interest	40,400.	20,595.	19,805.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	582,071.	547,147.	34,924.	
23	Insurance	28,760.	14,380.	14,380.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	CONSULTING	518,175.	231,490.	269,796.	16,889.
b	YOUTH BASEBALL CAMPS	338,170.	338,170.		
С	PRINTING AND COPYING	102,791.	73,104.	28,357.	1,330.
d	EQUIPMENT RENTAL AND MA	82,508.	62,539.	19,969.	
е	LICENSES & PERMITS	6,809.		4,639.	2,170.
f	All other expenses	9,518.		1,942.	7,576.
<u>25</u>	Total functional expenses. Add lines 1 through 24f	7,822,374.	6,035,353.	1,348,022.	438,999.
26	Joint Costs. Check here ▶ ☐ if following				
	SOP 98-2. Complete this line only if the organization	ļ	į	j	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Form **990** (2008)

Part X	Balance	Sheet

		Dalance Sheet	(A)		(B)
			Beginning of year		End of year
	1	Cash · non-interest-bearing	430 406	1	146 450
	2	Savings and temporary cash investments	430,126.	2	146,452.
	3	Pledges and grants receivable, net	2,026,367.	3_	3,079,120.
	4	Accounts receivable, net	71,235.	4	166,677.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
Assets		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
\ss(	8	Inventories for sale or use		_8_	
•	9	Prepaid expenses and deferred charges	187,335.	9	147,501.
	10a	Land, buildings, and equipment: cost basis 10a 7,598,556.			
	b	Less: accumulated depreciation. Complete			
		Part VI of Schedule D	5,838,159.	10c	5,322,781.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	0.	15	23,783.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,553,222.	16	8,886,314.
	17	Accounts payable and accrued expenses	602,609.	17	900,912.
	18	Grants payable		18	
	19	Deferred revenue	502,173.	19	399,366.
	20	Tax-exempt bond liabilities		20	
တ္ဆ	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abi		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		24	•
	25	Other liabilities Complete Part X of Schedule D	1,000,864.	25	406,276.
	26	Total liabilities. Add lines 17 through 25	2,105,646.	26	1,706,554.
		Organizations that follow SFAS 117, check here   X and complete			
န		lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets	4,667,766.	27	4,911,415.
<u>a</u>	28	Temporanly restricted net assets	1,779,810.	28	2,268,345.
Fund Balanc	29	Permanently restricted net assets		29	
.5		Organizations that do not follow SFAS 117, check here			
		complete lines 30 through 34.			
şį	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del> .	31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	6,447,576.	33	7,179,760.
	34	Total liabilities and net assets/fund bajances	8,553,222.	34	8,886,314.
Par	t XI	Financial Statements and Reporting		<u> </u>	
					Yes No
1	Acco	unting method used to prepare the Form 990: Cash X Accrual	Other		
2a		the organization's financial statements compiled or reviewed by an independent a	•		2a X
b		the organization's financial statements audited by an independent accountant?	·		2b X
		es" to lines 2a or 2b, does the organization have a committee that assumes respons	sibility for oversight of the	aud#	
•		w, or compilation of its financial statements and selection of an independent account	, ,	- Guuit	2c X
32		result of a federal award, was the organization required to undergo an audit or audi	•	le Aud	
Ju		nd OMB Circular A-133?	40 oct form in the only	,,	3a X
h		is," did the organization undergo the required audit or audits?	•	•	3b X
	1 12-18				Form <b>990</b> (2008)

### SCHEDULE A (Form 990 or 990-EZ)

(1 OI III 990 OI 990-LZ

Department of the Treasury Internal Revenue Service

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

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008
Open to Public Inspection

Name of t	he organizat			_	_			E		dentificati		
Part I	Paggan	CAL RII	KEN SR FOUNI	OATION	INC				52	<u>-2310</u>	<u>500</u>	
			rity Status (All organi				t.) (see ins	tructions)				
			because it is (Please ch					_				
1 2			es, or association of chui			ection 170	)(b)(1)(A)(i	).				
			<b>70(b)(1)(A)(ii).</b> (Attach So			470/1-1/41	/A\/***\ /A+	4b O-b-	۱۱۸ ماریاس			
3			ital service organization operated in conjunction							a baandal	l'o nom	
+ 🗀	city, and stat		operated in conjunction	WILLIATIOS	spital desc	inped in Se	cuon 170	дод гдадн	ı <b>).</b> Enter ti	ie nospitai	5 Haili	I <del>C</del> ,
5	An organization section 170 A federal, state An organization 170 A community An organization activities relained and the See section An organization An organization more publicly	ion operated for the (b)(1)(A)(iv). (Complete, or local government that normally received that the complete that the com	nent or governmental un ceives a substantial part ete Part II.) section 170(b)(1)(A)(vi). ceives: (1) more than 33 inctions - subject to cert taxable income (less sec	of its support of its	d in section and in section are Part II.) s support from a graph of the support from but the safety. Sof, to perform the section of the section are section as a section are section are section as a section are section as	on 170(b)( government rom control ) no more sinesses a Gee section orm the ful on 509(a)(3	1)(A)(v). ental unit of abutions, in e than 33 f acquired b on 509(a)(4)	or from the nembershi 1/3% of its by the orga 4). (see ins , or to carr	general p p fees, and support f nization a tructions) y out the p	ublic desc d gross re rom gross fter June 3 ourposes c	ceipts invest 30, 197	from tment 75
e	a Type By checking foundation m If the organiz	this box, I certify the nanagers and other	Type II at the organization is not than one or more public tten determination from	c Typ t controlled ly supporte	e III - Fund d directly o ed organiza	tionally in r indirectly ations des	by one of	ection 509	qualified p		ner tha	n
		-	organization accepted a	ny aift or c	ontribution	from any	of the follo	owing per	one?	•		
g	_		directly controls, either a			-					Yes	No
		•	upported organization?	none or tog	jealer with	persons	rescribed	iii (ii) aiio (	iii) Delow,	11g(i)	163	140
	-		n described in (i) above?	,						11g(ii)		
		-	a person described in (i)					•		11g(iii)	T	
ь		·								. [1](9(111)		
h	Flovide the I	ollowing information	about the organizations	s trie organ	iization suj	oports.						
	ne of supported (ii) EIN (iii) Type of organization (described on line above or IRC se			in col. (i) li governing	sted in your document?	, ı ,		organizátic (i) organiz U.S	on in col. ed in the	(vii) Amount support		f
			(see instructions))	Yes	No	Yes	No	Yes	No			
		· · · · · · · · · · · · · · · · · · ·										
								1				
				<del>                                     </del>			ļ	ļ				
<u> Fotal</u>				<u> </u>								
HA For D	rivacy Act an	d Paparwork Radi	etion Act Notice see t	he Instruc	tions for F	orm 000		Schodul	A (Form	990 or 90	ν E7\	2000

Schedule A (Form 990 or 990 EZ) 2008 CAL RIPKEN SR FOUNDATION INC 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 4045329. 4262011 4242618. 7658007. 7307866.27515831. include any "unusual grants.") 2 Tax revenues levied for the organization'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 4045329. 7658007. 4262011. 4242618. 7307866.27515831. 4 Total. Add lines 1 - 3 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) 981,819.

26534012. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2007 (a) 2004 **(b)** 2005 (c) 2006 (e) 2008 (f) Total 4045329 4262011 4242618. 7658007. 7307866.27515831. Amounts from line 4 8 Gross income from interest, dividends, payments received on secunties loans, rents, royalties 1,503. 25,457 30,429. 40,027. 45,803. 143,219. and income from similar sources

business is regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 27659050. 11 Total support. Add lines 7 through 10 4,172,196.

12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and stop here Section C. Computation of Public Support Percentage

95.<u>93</u> % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 87.82 %

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

 $\mathbf{x}$ 

9 Net income from unrelated business activities, whether or not the

Schedule A (Form 990 or 990-EZ) 2008			- ··	\ <u> </u>		Page 3
Part III Support Schedule for C	<u> Prganizations</u>	Described in	Section 509(a	)(2) (Complete onl	y if you checked the b	ox on line 9 of Part I
Section A. Public Support	<del></del>				<del></del>	<del>,</del>
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<ol> <li>Gifts, grants, contributions, and</li> </ol>						
membership fees received. (Do not						
ınclude 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-						
ızatıon'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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support	<del></del>	•	•	<del>*</del>	* .	
Calendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6				!		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties					·	
and income from similar sources			<del> </del>			
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b			<u> </u>			
11 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						İ
assets (Explain in Part IV.)	_					
14 First five years. If the Form 990 is for	the organization	's first second the	rd fourth or fifth t	ax vear as a secti	on 501(c)(3) organiz	ration
check this box and stop here	trio organization	o mot, 0000ma, am	ra, roarar, or mar a	ax your do a ooon	01. 00 . (0)(0) 0. ga	<b>▶</b> □
Section C. Computation of Publ	ic Support Pe	ercentage	•		<del></del>	
15 Public support percentage for 2008 (I			column (fl)		15	%
16 Public support percentage from 2007					16	%
Section D. Computation of Inves				·	1.19	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2				-	18	%
19a 33 1/3% support tests - 2008. If the				 a 15 is more than		
more than 33 1/3%, check this box as						▶ □
b 33 1/3% support tests - 2007. If the	•	•	• •		•	and
line 18 is not more than 33 1/3%, che	_					. ▶□
		J	•		-	· · · ===

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

### **SCHEDULE C** (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. ► Attach to Form 990 or Form 990-EZ.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

<ul><li>Section :</li></ul>	501(c)(4), (5), or (6) organiza	tions: Complete Part III.	•		
Name of orga		· · · · · · · · · · · · · · · · · · ·		Emp	loyer identification number
-	CAL RIP	KEN SR FOUNDATIO	N_INC		52-2310500
Part I-A	To be completed b	y all organizations exem	pt under section	501(c) and section 5	27 organizations.
	See the instructions for S	Schedule C for details.			
1 Provide	a description of the organiz	ation's direct and indirect politic	al campaign activities	s in Part IV.	
2 Political	expenditures			. • •	S
3 Volunte	er hours		-		
	· <del>-</del>			<del></del>	
Part I-B	To be completed b	y all organizations exem	pt under section	501(c)(3).	
-	See the instructions for S	Schedule C for details.			
1 Enter th	e amount of any excise tax	incurred by the organization und	der section 4955		S
2 Enter th	e amount of any excise tax	incurred by organization manage	ers under section 495	<b>5</b> ► \$	S
3 If the or	ganization incurred a section	n 4955 tax, did it file Form 4720	for this year?	• • •	Yes Mo
=	correction made?		•		L Yes L No
	describe in Part IV.			F04/-\	F04(-)(0)
Part I-C		y all organizations exem	pt under section	out(c), except section	on 501(c)(3).
	See the instructions for S				
	•	d by the filing organization for se	•		S
		ization's funds contributed to ot	her organizations for s		
•	function activities				<u> </u>
	•	function expenditures. Add lines	1 and 2 and enter he	re and on	
	120-POL, line 17b		•		·
	filing organization file Form	•			. L Yes L No
		nployer identification number (El if the amount was paid from the	•		
		separate political organization,			
	onal space is needed, provi	• • •	300 ao a 30 pa. a. 5 00	grogatos rans or a pontical	4011011 0011111111111111111111111111111
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) 2.114	filing organization's	contributions received and
				funds If none, enter -0	
					delivered to a separate political organization
					If none, enter -0
			<del>-  </del>	_	

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

Schedule C (Form 990 or 990-EZ) 2008

832041 12-18-08

Schedule C (Form 990 or 990-EZ) 2008	CAL RIPKE	N SR FOUNDAT	ION INC	52 <u>-</u> 2	2310500 Page 2
Part II-A To be completed by				t filed Form 576	<b>58</b>
(election under sec	tion 501(h)). See	the instructions for Sci	nedule C for details.		
	tion belongs to an aff	• .			
B Check ► if the filing organiza	tion checked box A a	ind "limited control" pr	ovisions apply.		1
	ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influence	ience a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add li	•				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure					<u> </u>
f Lobbying nontaxable amount. Ente		e following table in bo	th columns.		<u> </u>
If the amount on line 1e, column (a) o	r (b) is: The lol	obying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			1
Over \$500,000 but not over \$1,000	·	00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the ex			
Over \$1,500,000 but not over \$17,	000,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000	,000			
0			<del>-</del>		
g Grassroots nontaxable amount (en	•				
<ul> <li>h Subtract line 1g from line 1a Enter</li> <li>i Subtract line 1f from line 1c. Enter</li> </ul>	<del>-</del>		·	,	
			Internation Form 4700		<u> </u>
j If there is an amount other than ze reporting section 4911 tax for this		line II, did the organiz	ation file Form 4720		Yes No
reporting section 4911 tax for this		eraging Period Under	Section FO1/h)		Yes No
(Some organiz			n do not have to comp	lete all of the five	
			through 2f of the inst		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period	· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))	<del></del>				
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount	<del></del>	-			
(150% of line 2d, column (e))					
<del>`</del>			1		

Schedule C (Form 990 or 990-EZ) 2008

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2008 CAL RIPKEN SR FOUNDATION INC 52-2310500 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

_	<del> </del>	(a	a)	(b)	
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		103	<u>,084.</u>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X		
i	Other activities? If "Yes," describe in Part IV		X		
j	Total lines 1c through 1i			103	<u>,084.</u>
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A To be completed by all organizations exempt under section 501(c)(4)	, section	501(c)(5)	, or secti	on
	501(c)(6). See the instructions for Schedule C for details				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4)				on
	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR	if Part III	I-A, ques	tion 3 is	
	answered "Yes." See Schedule C instructions for details.		<u> </u>		
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. <b>2a</b>		
b	Carryover from last year		2b	_	
С	Total		_2c		<del></del>
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5		
	t IV Supplemental Information			_	
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; an	nd Part II-B,	line 1ı. Also	, complete	this part
	ny additional information.				
PA	RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:				
CAI	RIPKEN, SR. FOUNDATION, INC. PAYS FEES TO VENTRY	ASSOCI	ATES A	AND TH	E
				-	
<u>ECI</u>	HOLS GROUP, REGISTERED LOBBYISTS. THESE FIRMS HAV	E BEEN	N ENGA	GED AN	D
ARI	ON RETAINER TO SUPPORT STATE GOVERNMENT FUNDING	INITIA	TIVES	. FOR	
THE	E YEAR ENDED 12/31/08, \$80,417 WAS PAID TO VENTRY A	SSOCI	ATES A	ND	
\$22	2,667 WAS PAID TO THE ECHOLS GROUP.				

832043 12-18-08

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Inspection

Employer identification number

	CAL RIPKEN SR FOUN		52-2310500
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 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 (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ad funds
•	are the organization's property, subject to the organization's	•	Yes No
6		-	
0	Did the organization inform all grantees, donors, and donor a		
Pai	for chantable purposes and not for the benefit of the donor of the Conservation Easements. Complete if the or		
			art iv, line 7.
1	Purpose(s) of conservation easements held by the organizat	`	
	Preservation of land for public use (e.g., recreation or	·	oncally important land area
	Protection of natural habitat	Preservation of certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified con-	servation contribution in the form of a cons	ervation easement on the last day
	of the tax year		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	_2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the taxable
	year 🕨		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations, an	d
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements during the year $lacktriangle$	·
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year ▶\$	
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(l	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes t	he organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and ba	lance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	·	•
	the footnote to its financial statements that describes these		, , , ,
ь	If the organization elected, as permitted under SFAS 116, to		e sheet works of art, historical treasures.
_	or other similar assets held for public exhibition, education,		
	these items:	, , , , , , , , , , , , , , , , , , ,	provide the remaining amount retaining to
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	• •	► \$ ► \$
0	If the organization received or held works of art, historical tre		
2	•		gairi, provide
	the following amounts required to be reported under SFAS 1	•	<b>•</b> •
a			<b>S</b>
Ь	Assets included in Form 990, Part X		<b>&gt;</b> •
	For Drivery And and Denominada Dadoutina Ant National	a the Instructions for Form 200	Cabadula D. (E
∟⊓А	For Privacy Act and Paperwork Reduction Act Notice, se	e the mistructions for Form 990.	Schedule D (Form 990) 2008

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		KEN SR FOU				0:1				Page 2
3.	Using the organization's accession and othe	r records, check any	y of the fo	llowing tha	it are a signif	icant us	e of its col	lection ite	ms (check	k all
	that apply):									
а	Public exhibition	c			hange progr					
b	Scholarly research	e		Other						<del></del>
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how the	ey further t	he organizati	ion's exe	empt purpo	ose in Pai	t XIV	
5	During the year, did the organization solicit of	or receive donations	of art, his	toncal trea	sures, or oth	er sımıla	ar assets	_	_	
<del></del>	to be sold to raise funds rather than to be m								_ Yes	No_
Pa	rt IV Trust, Escrow and Custodia		Comple	ete if organi	zation answ	ered "Ye	es" to Form	n 990, Pa	rt IV, line 9	, or
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for c	ontribution	s or other as	ssets no	t included		_	
	on Form 990, Part X?			_					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d		-	
е	Distributions during the year		·		•		1e			
f	Ending balance	•		•	• •	•	1f			
2a	Did the organization include an amount on F	orm 990. Part X. line	212	•					Yes	No
	If "Yes," explain the arrangement in Part XIV				•					
	rt V Endowment Funds. Complete		ered "Yes	" to Form 9	90, Part IV,	line 10				
		(a) Current year		or year	(c) Two yea		(d) Three y	ears back	(e) Four v	vears back
1a	Beginning of year balance	127		· <u>···                                 </u>	(0) / 5 / 5 - 5		(4)		(0), 00.	, , , , , , , , , , , , , , , , , , , ,
h	Contributions									
	Investment earnings or losses								<del> </del>	
ر م	Grants or scholarships		-						<del> </del>	<del></del>
٠ -	Other expenditures for facilities									
-										
	and programs								<del></del>	<del></del>
T	Administrative expenses						•			······································
9	End of year balance		l		l					
2	Provide the estimated percentage of the year	ir end balance held a								
a	Board designated or quasi-endowment		%							
þ	Permanent endowment	%								
С		%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	ered for	the organiz	zation	_	<del></del>
	by.									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations .							-	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	•							_3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Investments - Land, Building	gs, and Equipm	ent. See	Form 990	, Part X, line	10.				
	Description of investment	(a) Cost or o basis (investr		(b) Cost	or other (other)	(c) [	Depreciatio	n	(d) Book	value
	Land	Dasis (iiivesti			6,129.				256	120
_	Land			33	0,147.					,129.
b	Buildings		<del></del>	7 07	C 76A	2	101 0	21	4 000	722
C	Leasehold improvements				6,764.	4,	184,0			733.
ď	Equipment			1.0	5,663.		91,7	44.	/3	<u>,919.</u>
	Other							<del>_</del> - -	F 333	704
<u>Total</u>	, Add lines 1a-1e. (Column (d) should equal Fo	orm 990, Part X, colu	ımn (B), lıı	ne 10(c).)					<u>5,322</u>	<u>,781.</u>

Schedule D (Form 990) 2008

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	dule D (Form 990) 2008 CAL RIPKEN SR FOUNDATION II		totomonto.	54-	2310500 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Financiai			0 501 107
1.	Total revenue (Form 990, Part VIII, column (A), line 12)		. 1		8,501,197.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		7,822,374.
3	Excess or (deficit) for the year Subtract line 2 from line 1		. 3		678,823.
4	Net unrealized gains (losses) on investments	•	4		F2 261
5	Donated services and use of facilities	-	5		53,361.
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4-8		. 9		53,361.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-A- MGAL D	10	3 - 4	732,184.
	t XII   Reconciliation of Revenue per Audited Financial Stateme	nts with Re	evenue per i	1 7	
1	Total revenue, gains, and other support per audited financial statements			1	9,277,983.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments	2a	F2 261	-	
b	Donated services and use of facilities	2b	53,361	4	
C	Recoveries of prior year grants	2c	F02 405	-	
d	Other (Describe in Part XIV)	2d	723,425	7 1	776 706
	Add lines 2a through 2d			2e	776,786.
3	Subtract line 2e from line 1			3	8,501,197.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV)	_4b		-	
С	Add lines 4a and 4b			_4c	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	anda Widh E		5	8,501,197.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents with E	xpenses per		
1	Total expenses and losses per audited financial statements	•		1	8,545,799.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments .	2b		-	
С	Losses reported on Form 990, Part IX, line 25	2c	702 40F	-	
d	Other (Describe in Part XIV)	2d	723,425	7	702 405
е	Add lines 2a through 2d			2e	723,425.
3	Subtract line 2e from line 1			3_	7,822,374.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 - 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del> </del>	-	
Ь	Other (Describe in Part XIV)	4b		┨. │	_
С	Add lines 4a and 4b			4c	0.
<u>5</u>	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  t XIV Supplemental Information			5	7,822,374.
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II at XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	l, lines 1a and	4; Part IV, lines	1b and	2b; Part V, line 4; Part

### **SCHEDULE G** (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public Inspection

Name of the organization							ntification number
	KEN SR FOUNDATION  Complete if the organization answ			- F 000 D-+ IV I		<u>52-2310</u>	500
Indicate whether the organization rais     X Mail solicitations     Email solicitations     Phone solicitations     In-person solicitations     A Did the organization have a written of key employees listed in Form 990, Poly in the solicitation of the solicitations  1 Phone solicitations  2 Did the organization have a written of key employees listed in Form 990, Poly in the solicitation of the solic	ed funds through any of the follow  e X Soliciti f X Soliciti g X Special  or oral agreement with any individual art VII) or entity in connection with viduals or entities (fundraisers) pur	ring action of ation of al fundral functuring professionant to the notice of the control of the	vities. non-g gover alsing ding o sional f o agre	Check all that apply overnment grants nment grants events  fficers, directors, trustindraising services? ements under which it to complete this tal	stees the fole.	or Yes	be
(i) Name of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (c	or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			, -	
Total  3 List all states in which the organizatio							
AL, AK, CA, CT, FL, GA, IL, MO, LA, DE, TX, WI	KS,KY,MD,MA,MI,MN	,MS,	NJ,	NC,OR,PA,S	C,V	A,WA,AR	,AZ,DC,ME
		· · · · · ·					
LHA For Privacy Act and Paperwork Re	duction Act Notice, see the Instri	uctions	for F	orm 990. S	ichec	dule G (Form 9	90 or 990-EZ) 2008

CAL RIPKEN SR FOUNDATION INC Schedule G (Form 990 or 990-EZ) 2008 52-2310500 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events GOLF(Add col. (a) through ASPIRE GALA TOURNAMENT col. (c)) (event type) (event type) (total number) Revenue 1,468,413 264,120 184.858 1,917,391. Gross receipts 531,497 105,933 Less Charitable contributions 38,490 675,920. 936,916 158,187 146,368 241,471. Gross revenue (line 1 minus line 2) Cash prizes Non-cash prizes Direct Expenses Rent/facility costs 106,601. Other direct expenses 483,436. 133,388 723,425. 7 Direct expense summary. Add lines 4 through 7 in column (d) 723,425.) 518,046. Net income summary Combine lines 3 and 8 in column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (Add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col. (c)) Gross revenue Cash prizes Direct Expenses Non-cash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain: Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2008 CAL RIPKEN SR FOUNDATION INC 52-	<u>-2310</u>	<u>500</u> f	Page 3
		Yes	
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	%		
b An outside facility	%_		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	j		
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	1	15a	-
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address:			·
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation > \$			
Description of services provided ▶	_		
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	1	17a	+
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year > \$	1	1	1

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE								OMB	OMB No 1545-0047
(Form 990)			Grants and Governm	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations uals in the U.S.	ι <sup>δ</sup>			2008
Department of the Treasury Internal Revenue Service		► Comple	► Complete if the organization	n answered "Yes," on F ► Attach to Form 990.	" on Form 990, Pa n 990.	ganization answered "Yes," on Form 990, Part IV, lines 21 or 22.  Attach to Form 990.		Open	Open to Public Inspection
Name of the organization	on CAL RIPKEN	SR FOUNDATION	DATION INC					Employer identification number $52-2310500$	lentification number 52-2310500
Part   General Inf	General Information on Grants and Assistance	d Assistance	l						
1 Does the organize	Does the organization maintain records to substantiate the amount of	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
	criteria used to award the grants or assistance?	ance?	:	:				X Yes	<b>2</b> □
ᆰ	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	edures for monit	oring the use of grant	funds in the United	States				
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	overnments and	Organizations in the	United States. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any	[
recipient the	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	5,000 Check this	box if no one recipien	t received more th	an \$5,000. Use Pa	art IV and Schedule I-1	(Form 990) if addition	al space is needed	<b>A</b>
1 (a) Name and adc	1 (a) Name and address of organization or government	(b) E!N	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	of grant ince
								ECYBAG BUR GBURGIB CH	
							BASEBALL	TO FURINER INE EMEMPI PURPOSE OF CAL RIPKEN SR	EAEMPT RIPKEN SR
SEE ATTACHED LIST			501(C)(3)	2,835,511.	847,080, FMV		H	FOUNDATION INC.	ij
2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations	d government org	janizations					<b>A</b>	221.
3 Enter total numbe	Enter total number of other organizations							•	221.
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions 1	for Form 990.				Schedule I (Form 990) 2008	orm 990) 2008

52-2310500 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. CAL RIPKEN SR FOUNDATION INC Schedule I (Form 990) 2008 Part III

Page 2

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) PROGRAM TRAVEL AND PROGRAM ADMINISTRATION) AND MUST INCLUDE INVOICE SUPPORT FOUNDATION'S PROGRAM STAFF AND ANY ISSUES ARE REVIEWED WITH THE SUBGRANTEE. THESE PROGRESS REPORTS ARE REVIEWED BY THE EACH SUBGRANTEE IS REQUIRED TO SUBMIT A REIMBURSEMENT REQUEST Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. QUARTERLY PROGRESS REPORTS TO DESCRIBE THE PROGRAMMING THEY HAVE PROVIDED IN ORDER TO RECEIVE REIMBURSEMENT FROM THE FOUNDATION FOR FUNDS SPENT ON THIS REIMBURSEMENT REQUEST LISTS THE FUNDS SPENT BY SUPPLIES, EQUIPMENT, FIELD MAINTENANCE, 2: THE SUBGRANTEES ARE REQUIRED TO SUBMIT (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients TO THE YOUTH THEY ARE SERVING. CATEGORY (PERSONNEL EXPENSES, (a) Type of grant or assistance LINE Ι, TO THE FOUNDATION. PART PROGRAMMING, SCHEDULE I,

Schedule I (Form 990) 2008

832102 12-18-08

### **SCHEDULE J** (Form 990)

Department of the Treasury

### **Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Employer identification number CAL RIPKEN SR FOUNDATION INC 52-2310500

Pa	ort I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	· ·			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			
	of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	_2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a	_X_	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		_X_
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	<u>5a</u>	X	32
b	Any related organization?	5b		<u>X</u>
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			3.5
	The organization?	6a	_	X
b	Any related organization?	<u>6b</u>	_	<u>X</u>
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
_	not described in lines 5 and 6? If "Yes," describe in Part III	7_	_X_	<del></del>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
	initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	. 000)	<u>X</u>

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

Schedule J (Form 990) 200

Schedule J (Form 990) 2008 CAL RIPKEN SR FOUNDATION INC 52-2310500

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VIII, line 1a.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(l)-(D)	reported in prior Form 990 or Form 990-EZ
OMBOURN CATEN	3	166,997.	44,761.	15,500.	6,303.	9,760.	243,321.	0.0
Siernen Sauem	3 8	139,489.	33,125.	13,125.	5,650.	9,893.	201,282.	0
CHARLES BRADY	(ii)		4 3	0	0	0	0	0
	(i)							
	(ii)							
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Schedule J (Form 990) 2008

### **SCHEDULE J-2** (Form 990)

### **Continuation Sheet for Form 990**

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Employer Identification number Name of the Organization 52-2310500 CAL RIPKEN SR FOUNDATION INC Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (B) (C) (D) (E) (F) Reportable Position Name and Title Average Reportable Estimated (check all that apply) hours compensation compensation amount of per from from related other week the organizations compensation Highest compensated employee Individual trustee or director (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization institutional trustee and related Key emptoyee organizations Former Officer JOHN D. RYAN DIRECTOR 1.00 X 0 0. 0. STEPHEN SALEM 40.00 X EXECUTIVE DIRECTOR 227,258 0. 16,063. BRIAN WENTZ DIRECTOR OF ACCOUNTING 40.00 3,030. 40,520 0. KIRK CULBERTSON 40.00 X 48,783 ACCOUNTING MANAGER (PART 0. 2,947. CHARLES BRADY X 0. DEPUTY EXECUTIVE DIRECTO 40.00 185,739 15,543. LYNN BOPP X DIRECTOR OF GRANTS AND P 40.00 118,838. 0. 8,175. CARRIE LEBOW 2,573. SR. DIRECTOR RESOURCE DE 40.00 X 105,578. 0.

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

Schedule J-2 (Form 990) 2008

### **SCHEDULE L**

Department of the Treasury

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Internal Revenue Service Name of the organization

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

Inspection

Employer identification number

CAL RIPKEN SR FOUNDATION INC 52-2310500						0						
Part I Excess Benefit	Transacti	ons (section	on 501(c)(	3) and section	n 501(c)(4)	organizatıc	ns only).					
To be completed by	organization	s that answ	ered "Yes	on Form 99	0, Part IV,	line 25a or	25b, or F	orm 99	0-EZ, Par	t V, line	40b.	
1 (a) Name of disc	audified ner				/h) [	escription	of t-o-o-o	-t			(c) Corr	ected?
(a) Name of disc					(D) L	escription	oi transa	Cuon			Yes	No
		_				<del></del>						
					_							
												<u>.</u>
·												
2 Enter the amount of tax impo	sed on the o	organization	manager	s or disqualifi	ed persons	during the	year un	der				
						·						
3 Enter the amount of tax, if an	ıy, on line 2,	above, reim	ibursed by	the organiza	ition		•	•	▶ \$	-		
Part II Loans to and/or	From Int	aracted	Darsons	•		-						
					0 0-4 0/	OC F		F7 D-	* > /	20-		
To be completed by  (a) Name of interested	1		1						(f) App		/~> \A/	
person and purpose	the organ	to or from nization?	(c) Original	nal principal nount	(d) Balance di	ince due	(e) defa				(g) W agreer	
	То	From	†				Yes	No	Yes	No.	Yes	No
	- 10						163	140	163	140	163	110
	1											
				-								
										-		
Total				▶ \$								
Part III Grants or Assist	tance Ber	nefiting li	ntereste	ed Person	s.	•						
To be completed by	organization	s that answ	ered "Yes	" on Form 99	0, Part IV,	lıne 27.						
(a) Name of interested p	person		(b) Relati	onship betwe		ted person	and		(c) Amou			pe
				the or	ganization				01	assista	nce 	
	_											
						<del></del>						
<del></del>											-	
Part IV Business Trans	actions In	volvina I	nterest	ed Person								
						OO. O	nh 00	١_				
To be completed by (a) Name of interested p									Donorint	on of	(e) Sha	ring of
(a) Name of interested p	Derson		(b) Relationship between interested person and the organization			(c) Amount of (			(d) Description of transaction		òrganız	ation's
				J							reven Yes	
HONORABLE FRANCIS	X. KE	LLYBUS	TNESS			8.8	655	HON	ORAR	च प्रा	162	No X
CALVIN RIPKEN, JR				88,655.HONORABLE AND BUSINESS 153,729.CALVIN RI				X				
WILLIAM RIPKEN			ILY A		INESS				LIAM			X
CHRIS FLANNERY			SINESS					$\overline{}$	IS F			X
					-							
									_			
LHA For Privacy Act and Paper	work Reduc	tion Act No	otice, see	the Instructi	ons for Fo	rm 990.		chedul	e L (Forr	n 990 ດ	r 990-E2	Z) 2008
			*						•	· - <del>-</del>		

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

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

Department of the Treasury Internal Revenue Service

NonCash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Schedule M (Form 990) 2008

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number 52-2310500 CAL RIPKEN SR FOUNDATION INC Types of Property (a) (b) (d) (c) Check if Method of determining Number of Revenues reported on contributions applicable Form 990, Part VIII, line 1g revenues Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 7 Boats and planes Intellectual property 8 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests 12 Securities · Miscellaneous Qualified conservation contribution 13 (historic structures) Qualified conservation contribution (other) 14 Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 221,530.FAIR MARKET VALUE (BASEBALL EQUI) 25 Other -26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283. Part IV. Donee Acknowledgment 0 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, 33

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

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

CAL RIPKEN SR FOUNDATION INC

Employer identification number 52-2310500

LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PART I, INC., THROUGH ACTIVE COMMUNITY PARTNERSHIPS WITH AMERICA'S MOST SUCCESSFUL YOUTH SERVICE ORGANIZATIONS, TEACHES DISADVANTAGED CHILDREN FROM AMERICA'S MOST DISTRESSED COMMUNITIES THE IMPORTANCE OF CHOOSING A HEALTHY LIFESTYLE AND MAKING SMART, PRODUCTIVE DECISIONS IN THEIR YOUNG THE FOUNDATION USES BASEBALL TO GRAB THE ATTENTION OF THESE DISADVANTAGED CHILDREN WHILE TEACHING THEM THAT EMBRACING LIFELONG CHARACTER TRAITS SUCH AS PERSEVERANCE, COMMITMENT, DEVELOPING GOOD NUTRITIONAL HABITS AND GIVING BACK TO THEIR COMMUNITIES WILL EXPOSE THEM TO OPPORTUNITIES AND EXPERIENCES THAT WILL HELP THEM BECOME SUCCESSFUL, CONTRIBUTING MEMBERS OF SOCIETY. THE FOUNDATION NOT ONLY TRAINS LOCAL COMMUNITY LEADERS TO BE SUCCESSFUL MENTORS TO CHILDREN AND TO IMPLEMENT THE FOUNDATION'S YOUTH DEVELOPMENT PROGRAMS, BUT ALSO PROVIDES FUNDING, CHARACTER EDUCATION MATERIALS AND EQUIPMENT TO THESE COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 2: FOUNDING CHAIRWOMAN, VI RIPKEN, AND HER SONS, WILLIAM RIPKEN AND CALVIN RIPKEN, JR., ARE ALL MEMBERS OF THE BOARD FOR CAL RIPKEN, SR. FOUNDATION.

WILLIAM RIPKEN AND CALVIN RIPKEN, JR. HAVE WORKED WITH CHRIS FLANNERY AND LONNIE RITZER, ESQ (ALSO BOARD MEMBERS) ON PROJECTS RELATED TO WILLIAM'S AND CALVIN'S BUSINESS ENDEAVORS WITH RIPKEN BASEBALL, INC. AND AFFILIATES.

CHAIRMAN, ROBBIE CALLAWAY, IS THE FATHER OF ADAM CALLAWAY WHO IS THE

DIRECTOR OF DEVELOPMENT FOR THE FOUNDATION.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

Schedule O (Form 990) 2008

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

CAL RIPKEN SR FOUNDATION INC

Employer identification number 52-2310500

FORM 990, PART VI, SECTION A, LINE 4: A GOVERNANCE TASK FORCE WAS CREATED
IN LATE 2007 TO ENSURE THAT THE FOUNDATION'S MANAGEMENT, ORGANIZATION,
PROCESSES AND PROCEDURES WERE CONSISTENT AND APPROPRIATE WITH CURRENT LAWS,
REGULATIONS AND PROCEDURES GOVERNING NON-PROFIT ORGANIZATIONS. AT ITS
MEETING FEBRUARY 1, 2008, THE FOUNDATION BOARD OF DIRECTORS ADOPTED THE
FOLLOWING POLICIES: CONFLICTS OF INTEREST, CODE OF ETHICS, WHISTLE BLOWER,
AND DOCUMENT RETENTION. AS A FOLLOW UP, AT ITS MEETING MAY 12, 2008, THE
FOUNDATION BOARD OF DIRECTORS ALSO ESTABLISHED AN AUDIT AND COMPLIANCE
COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 10: THE FOUNDATION DISTRIBUTES THE FORM 990 TO THE BOARD VIA EMAIL PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION REQUIRES THAT EACH MEMBER OF THE BOARD REVIEW THE FOUNDATION'S CONFLICTS OF INTEREST POLICY ON AN ANNUAL BASIS AND RETURN AN ACKNOWLEDGEMENT OF RECEIPT AND DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE EXECUTIVE

DIRECTOR OF THE FOUNDATION IS DETERMINED BY A COMMITTEE OF MEMBERS OF THE

BOARD INCLUDING THE CHAIRMAN. THIS COMMITTEE OBTAINS CONFIRMATION OF THE

AMOUNT OF COMPENSATION FROM THE FULL BOARD IN EXECUTIVE SESSION.

COMPENSATION FOR KEY EMPLOYEES IS DETERMINED USING A PERFORMANCE EVALUATION

REVIEW OF EACH EMPLOYEE. THIS REVIEW IS PERFORMED BY THE EMPLOYEE'S DIRECT

SUPERVISOR AND IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE DEPUTY

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

(Form 990)

Department of the Treasury

### Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the

OMB No 1545-0047 Open to Public Inspection

Form 990 or to provide any additional information. Internal Revenue Service Name of the organization Employer identification number CAL RIPKEN SR FOUNDATION INC 52-2310500 EXECUTIVE DIRECTOR, IF APPLICABLE PRIOR TO BEING FINALIZED. THE TOTAL AMOUNT OF BUDGETED SALARY EXPENSE IS APPROVED BY THE FULL BOARD AS PART OF THE ANNUAL BUDGET PROCESS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, CA, CT, FL, GA, IL, KS, KY, MD, MA, MI, MN, MS, NJ, NC, OR, PA, SC, VA, WA, WI, AR, AZ, DC ME, LA, DE, TX, MO FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 2C, ON MAY 12, 2008, THE FOUNDATION'S BOARD OF DIRECTORS ESTABLISHED AN AUDIT AND COMPLIANCE COMMITTEE. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: HONORABLE FRANCIS X. KELLY, JR. (D) DESCRIPTION OF TRANSACTION: HONORABLE FRANCIS X. KELLY, JR.'S COMPANY PROVIDES THE HEALTH INSURANCE BENEFITS FOR THE FOUNDATION AS PART OF RIPKEN BASEBALL'S PLAN (FOUNDATION PAYS THEIR PORTION OF THE PREMIUMS). (A) NAME OF PERSON: CALVIN RIPKEN, JR. (D) DESCRIPTION OF TRANSACTION: CALVIN RIPKEN'S COMPANIES PROVIDE THE FOLLOWING SERVICES TO THE FOUNDATION: TUFTON PROFESSIONAL BASEBALL, LLC RENTS SPACE TO THE FOUNDATION FOR STORAGE OF EQUIPMENT (\$1,029 ANNUALLY) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008

832211 12-18-08

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

CAL RIPKEN SR FOUNDATION INC

Employer identification number 52-2310500

AND RIPKEN PROFESSIONAL BASEBALL, LLC PROVIDES GROUND MAINTENANCE FOR THE FOUNDATION'S BASEBALL FIELD (\$116,912 ANNUALLY). ADDITIONALLY, RIPKEN BASEBALL CAMPS & CLINICS, LLC RENTS THE FOUNDATION'S BASEBALL FIELD (\$35,788 ANNUALLY). ALL TRANSACTIONS ARE AT ARM'S LENGTH AND FAIR MARKET VALUE.

- (A) NAME OF PERSON: WILLIAM RIPKEN
- (D) DESCRIPTION OF TRANSACTION: WILLIAM RIPKEN'S COMPANIES PROVIDE THE

  FOLLOWING SERVICES TO THE FOUNDATION: TUFTON PROFESSIONAL BASEBALL, LLC

  RENTS SPACE TO THE FOUNDATION FOR STORAGE OF EQUIPMENT (\$1,029 ANNUALLY)

  AND RIPKEN PROFESSIONAL BASEBALL, LLC PROVIDES GROUND MAINTENANCE FOR THE

  FOUNDATION'S BASEBALL FIELD (\$116,912 ANNUALLY). ADDITIONALLY, RIPKEN

  BASEBALL CAMPS & CLINICS, LLC RENTS THE FOUNDATION'S BASEBALL FIELD

  (\$35,788 ANNUALLY). ALL TRANSACTIONS ARE AT ARM'S LENGTH AND FAIR MARKET

  VALUE.
- (A) NAME OF PERSON: CHRIS FLANNERY
- (D) DESCRIPTION OF TRANSACTION: CHRIS FLANNERY IS THE CHIEF OPERATING

  OFFICER OF TUFTON PROFESSIONAL BASEBALL, LLC, RIPKEN PROFESSIONAL

  BASEBALL, LLC AND RIPKEN BASEBALL CAMPS & CLINICS, LLC WHICH ARE INVOLVED

  IN THE TRANSACTIONS LISTED IN CONNECTION WITH CALVIN RIPKEN AND WILLIAM

  RIPKEN.

FORM 990 - AMENDED RETURN

THE FOUNDATION IS FILING AN AMENDED RETURN FOR THE 2008 TAX YEAR DUE TO

A RE-ALLOCATION OF EXPENSES FROM MANAGEMENT AND GENERAL EXPENSES TO

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

Schedule O (F

832211 12-18-08 Schedule O (Form 990) 2008

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization Employer identification number CAL RIPKEN SR FOUNDATION INC 52-2310500 THE FOLLOWING LINES OF FORM 990 REFLECT THE PROGRAM SERVICE EXPENSES. RE-ALLOCATION: PAGE 2, PART III LINE 4A - EXPENSES PAGE 10, PART IX LINE 5 - COMPENSATION OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY **EMPLOYEES** LINE 7 - OTHER SALARIES AND WAGES LINE 17 - TRAVEL LINE 22 - DEPRECIATION, DEPLETION AND AMORTIZATION

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008 Open to Public, Inspection

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ▶ See separate instructions. Employer identification number 52-2310500 Direct controlling entity End-of-year assets Total income 0 Legal domicile (state or foreign country) <u>©</u> CAL RIPKEN SR FOUNDATION INC Primary activity <u>@</u> Identification of Disregarded Entities Name, address, and EIN of disregarded entity

Identification of Related Tax-Exempt Organizations Part II

(A)	(8)	(0)	(Q)	(E)	(F)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
THE KELLY & CAL RIPKEN JR FOUNDATION - 52-1784594 1427 CLARKVIEW ROAD STE 100.					
BALTIMORE, MD 21209	PRIVATE FOUNDATION	MARYLAND	501 (C)(3)	PF	N/A

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

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Schedule R (Form 990) 2008

52-2310500

Page 2

Schedule R (Form 990) 2008 CAL RIPKEN SR FOUNDATION INC

Part III Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner? Yes No		 
(I)  Disproportion- atte allocations?  Ves   No   K-1 (Form 1065)		
(H) Disproportionate alle allocations?		
(G) Share of end-of-year assets		
(F) Share of total Income		
(E) Predominant income (related, investment, unrelated)		
(D) Direct controlling entity		
(C) Legal domicile (state or foreign country)		
(B) Primary activity		
(A) Name, address, and EIN of related organization		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp. S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
832182 12-23-08	43	<b></b>	: :			Schedule R (Form 990) 2008	m 990) 2008

52-2310500 Page 3

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# Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	S S
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		12	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		<b>1</b>	×
c Gift, grant, or capital contribution from other organization(s)		5	×
		2 ;	
		P	×
e Loans or loan guarantees by other organization(s)		9	×
f Sale of assets to other organization(s)		7	×
g Purchase of assets from other organization(s)		70	×
		÷	×
		;	\$
r Lease of racinities, equipment, of other assets to other organization(s)		<b>-</b>	4
i Lease of facilities, equipment, or other assets from other organization(s)		<b>+</b>	×
k Performance of services or membership or fundraising solicitations for other oxiganization(s)		<u>ڊ</u>	<b>:</b>
Deformance of services of membership of farial asing solicitations by		₹ ;	4 >
		= ;	4 >
_		E	4
n Sharing of paid employees		Ę	×
o Reimbursement paid to other organization for expenses		10	×
p Reimbursement paid by other organization for expenses		<u>ф</u>	×
q Other transfer of cash or property to other organization(s)		19	×
r Other transfer of cash or property from other 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	action thresholds		
(A)	(8)	Ó	
ganization(s)	Transaction	Amount involved	ved
	(ype (a-1)		
(1)			
(4)			
	_		
(6)			
832163 12-23-08	Sched	Schedule R (Form 990) 2008	90) 2008

# Part VI Unrelated Organizations Taxable as a Partnership

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.

mat was not a related organization. See instructions regarding exclusion for certain investment partnerships.	Usion for certain investment partners	nips.					
(A)	(B)	()	<u>@</u>	(E)	(F)	(0)	£
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)3	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
,			Yes No		Yes No		
				•			_
							_
							_
			-				_
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							-

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Schedule R (Form 990) 2008

### Form **8868**

(Rev April 2009)

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

•	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this f	· <b>▶  X</b>
_	t complete Part II unless you have already been granted an automatic 3-month extension on a previously file	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A com	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and comp	olete
Part I	only	. ▶ □
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax returns.	extension of time
noted (not au you m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic atomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or concust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic films, gov/efile and click on e-file for Chanties & Nonprofits	cally if (1) you want the additional solidated Form 990-T. Instead,
Type o	Name of Exempt Organization	Employer identification number
print	CAL RIPKEN SR FOUNDATION INC	52-2310500
File by the	le Number and the Control of the Con	
filing you return S		
instruction		
Check	type of return to be filed (file a separate application for each return)	
	Form 990	27 59
Tele If the	BRIAN WENTZ  books are in the care of ▶ 1427 CLARKVIEW ROAD, SUITE 100 BALTIMON  sphone No. ▶ 410-823-0808  FAX No. ▶  the organization does not have an office or place of business in the United States, check this box  sits 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 in	▶ □
- !	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2009 , to file the exempt organization return for the organization named at s for the organization's return for:  X calendar year 2008 or , and ending , and ending	
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	20 6
-	nonrefundable credits. See instructions.  f this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a \$
	ax payments made. Include any prior year overpayment allowed as a credit.	3b \$
_	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	
(	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	
	See instructions.	3c \$ N/A
Cautic	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8	8879-EO for payment instructions
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Form <b>8868</b> (Rev. 4-2009)