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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2008****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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.

<b>A</b> For the 2008 calendar year, or tax year beginning <u>7/1/2008</u> , and ending <u>6/30/2009</u>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>University of MD Baltimore Foundation, Inc.</u> Doing Business As _____ Number and street (or P O box if mail is not delivered to street address) Room/suite <u>620 W Lexington Street</u> <u>2nd Flr</u> City or town, state or country, and ZIP + 4 <u>Baltimore MD 21201-1508</u>
	<b>D</b> Employer identification number <u>31-1678679</u> <b>E</b> Telephone number <u>410-706-2949</u>
	<b>G</b> Gross receipts \$ <u>47,576,053</u>
	<b>F</b> Name and address of principal officer: <u>T. Sue Gladhill 620 W Lexington Street, Baltimore, MD 21201-1508</u>
<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <u>3</u> ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <u>www.umaryland.edu/umbf</u>	
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation <u>1999 <b>M</b> State of legal domicile <u>MD</u> </u>

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: The organization's mission is to solicit and receive contributions and grants from the general public and to hold, invest, and administer these funds and pay expenditures for the benefit of the University of Maryland, Baltimore.
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <u>3</u> <u>35</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> <u>33</u>
	<b>5</b> Total number of employees (Part V, line 2a) <u>5</u> <u>0</u>
	<b>6</b> Total number of volunteers (estimate if necessary) <u>6</u> <u>125</u>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C) <u>7a</u> <u>0</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <u>7b</u> <u>0</u>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) <u>38,873,989</u> <u>23,449,270</u>
	<b>9</b> Program service revenue (Part VIII, line 2g) <u>460,317</u> <u>210,979</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>5,059,729</u> <u>-690,258</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>-2,979,064</u> <u>-7,435</u>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>41,414,971</u> <u>22,962,556</u>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u>16,545,329</u> <u>11,981,371</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <u>0</u> <u>0</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>636,828</u> <u>0</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <u>0</u> <u>0</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>635,100</u> <u>5,970,677</u> <u>5,945,337</u>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24d) <u>23,152,834</u> <u>17,926,708</u>
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (D), line 25) <u>18,262,137</u> <u>5,035,848</u>
Net Assets or Fund Balances	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <u>161,808,822</u> <u>139,996,880</u>
	<b>20</b> Total assets (Part X, line 16) <u>3,811,744</u> <u>3,665,650</u>
	<b>21</b> Total liabilities (Part X, line 26) <u>157,997,078</u> <u>136,331,230</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer Judith S. Blackburn Date 12/12/10  
 Treasurer & Chief Financial Officer  
 Type or print name and title

Preparer's signature [Signature] Date 2/5/2010 Check if self-employed ☐  
 Preparer's identifying number (see instructions)  
 Firm's name (or yours if self-employed), address, and ZIP + 4 Argy, Wiltse & Robinson, P.C.  
8405 Greensboro Drive, Suite 700, McLean, Virginia 22102 EIN 703-893-0600 Phone no 703-893-0600

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008) 7

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**Part III Statement of Program Service Accomplishments** (see instructions)**1** Briefly describe the organization's mission:

The primary mission of the University of Maryland Baltimore Foundation, Inc. is to solicit and receive contributions, gifts, and grants from the general public and to hold, invest, and administer these funds and pay expenditures for the benefit of the University of Maryland, Baltimore.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 5,376,699 including grants of \$ 3,425,489 ) (Revenue \$ 114,883 )

The UMB Foundation manages and invests private gifts and/or property for the benefit of the University of Maryland, Baltimore (UMB), facilitates fundraising programs and contributions from private sources, and engages in other activities to further educational, research, and service missions of UMB. UMB is Maryland's public academic health and law university devoted to professional and graduate education, research, patient care, and public service. UMB includes the schools of Medicine, Law, Pharmacy, Dentistry, Nursing, Public Health and Social Work, the Health Sciences & Human Services Library, and the National Museum of Dentistry. Using state-of-the-art technological support, UMB educates leaders in health care delivery, biomedical science, social services and law. By conducting internationally recognized collaborative research to cure disease and to improve the health, social functioning, and treatment of the people it serves, the University fosters economic development in the city, state, and region. UMB is a major employer in Baltimore, generating \$15.11 in economic activity for every \$1 of state general funds invested. In Fiscal Year 2009, UMB was awarded over \$517 million in research and grant funding. During the year, a donor provided a transformational gift which enhanced programs and facilities at the newly opened (CONTINUED ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ 8,632,335 including grants of \$ 7,126,277 ) (Revenue \$ 90,236 )

The UMB Foundation supports academic programs, clinical activities and research in the UMB School of Medicine. Established in 1807, the School of Medicine (SOM) is the first public and fifth oldest medical school in the U.S. and the first to institute a residency training program. In 2009, the SOM graduated 140 new medical doctors who joined the ranks of more than 7,500 living alumni. A significant number, 36 percent, have chosen to continue their training in primary care fields. This past year, the SOM saw an increase in the number of applications received as well as continued improvement in the academic qualifications of the applicants. More than half of the practicing physicians in Maryland received their training at the SOM or its clinical partner, the University of Maryland Medical Center. The School's continuing education programs serve more than 5,000 physicians and other health professionals annually. The SOM is committed to the education and training of MD, PhD, graduate, physical therapy & rehabilitation science and medical research technology students.

**4c** (Code: ) (Expenses \$ 1,926,237 including grants of \$ 1,429,605 ) (Revenue \$ 5,860 )

The UMB Foundation supports academic programs, clinical and research activities in the UMB School of Law (SOL). Established in 1816, the SOL began regular instruction in 1824. It is the third oldest law school in the nation, but its innovative programs make it one of the liveliest and most dynamic today. The SOL's experimental programs are among the most extensive in the country, including the nationally recognized Clinical Law Program. Interdisciplinary specialty programs are offered in Environmental Law & Law and Health Care. Other programs include Advocacy, Alternative Dispute Resolution, Business Law, Clinical Law, Intellectual Property Law & International and Comparative Law. The SOL seeks to promote a more just society by educating outstanding lawyers, by advancing the understanding of law and legal institutions, and by enhancing access to justice. Excellence in teaching prepares students for productive leadership and professional success in a wide range of careers and promotes, in both students and faculty, the highest standard of public and professional service.

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses ▶ \$ 15,935,271 (Must equal Part IX, Line 25, column (B).)

**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 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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	4	X
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	X
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 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, 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 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
b 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	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, 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	X
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 X	
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 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. 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	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I . . . . .	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .	27	X

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> 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)? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i>		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	1a	198
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X
<b>2a</b>	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 . . . . .	2a	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	
<b>4a</b>	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	X
<b>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	X
<b>c</b>	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	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	X
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	7a	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8	X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	9a	X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	X
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
<b>11</b>	<b>Section 501(c)(12) organizations. Enter:</b>		
<b>a</b>	Gross income from members or shareholders . . . . .	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	

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

**Section A. Governing Body and Management**

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.

	Yes	No
1a Enter the number of voting members of the governing body . . . . .	1a	35
b Enter the number of voting members that are independent . . . . .	1b	33
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
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a 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
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	11	X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
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 in 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:		
a The organization's CEO, Executive Director, or top management official? . . . . .	15a	X
b Other officers or key employees of the organization? . . . . .	15b	X
Describe the process in Schedule O. (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation 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	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► AK, AZ, KY, MD, MI, NH, NJ, NY, OH, OR, SC

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 ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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: ► Judith S. Blackburn 410-706-2949  
620 W. Lexington Street, 2nd Floor, Baltimore, MD 21201-1508

**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 compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Janet S. Owens Trustee, Chair	2.	X						0	0	0
Edward J. Brody Trustee, Vice Chair	2.	X						0	0	0
Don N. Brotman Trustee	1.	X						0	0	0
Francis B. Burch, Jr. Trustee	1.	X						0	0	0
Harold E. Chappellear Trustee	1.	X						0	0	0
Charles W. Cole, Jr. Trustee	3.	X						0	0	0
Anna M. Dopkin Trustee	1.	X						0	0	0
James D'Orta Trustee	1.	X						0	0	0
James A. Earl Trustee	2.	X						0	0	0
Morton P. Fisher, Jr. Trustee	2.	X						0	0	0
Joseph R. Hardiman Trustee	3.	X						0	0	0
David H. Hillman Trustee	1.	X						0	0	0
Richard J. Himelfarb Trustee	2.	X						0	0	0
Wallace J. Hoff Trustee	1.	X						0	0	0
Kempton M. Ingersol Trustee	3.	X						0	0	0
Donald M. Kirson Trustee	1.	X						0	0	0
Kyle P. Legg Trustee	1.	X						0	0	0



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Sally Michel Trustee	1.	X						0	0	0
Milton H. Miller, Sr. Trustee	1.	X						0	0	0
Joseph A. Oddis Trustee	2.	X						0	0	0
Thomas P. O'Neill Trustee	3.	X						0	0	0
David S. Oros Trustee	1.	X						0	0	0
Theo C. Rodgers Trustee	1.	X						0	0	0
Donald E. Roland Trustee	1.	X						0	0	0
Devy Patterson Russell Trustee	1.	X						0	0	0
Robert G. Sabelhaus Trustee	1.	X						0	0	0
Pauline A. Schneider Trustee	2.	X						0	0	0
Alan S. Silverstone Trustee	2.	X						0	0	0
Frederick G. Smith Trustee	1.	X						0	0	0
C. William Struever Trustee	1.	X						0	0	0
<b>1b Total</b>								0	0	0

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **0**

**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

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>	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

**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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Korn/Ferry International NW 5064 Box 1450 Minneapolis MN 55485	Recruitment consulting	113,156
Prime HD, Inc. 500 Central Avenue, #1208 Union City NJ 0708	Museum exhibit contract	110,827
Steven B. Kramer 215 Overhill Road Baltimore MD 21210	Management consulting	108,434
Practice Greenhealth 1901 North Moore Street Arlington VA 22209	Health care consulting	104,747
		0

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **4**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 93,418					
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 262,971					
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 890,020					
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b> 0					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 22,202,861					
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ . . . . .	500,911					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	23,449,270					
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2a</b>	Conference/Educational Programs . . . . .	611710	112,185	112,185	0	0	
	<b>b</b>	Contracts & Publications . . . . .	611710	57,766	57,766	0	0	
	<b>c</b>	Alumni, Faculty, & Staff Functions . . . . .	900099	38,159	38,159	0	0	
	<b>d</b>	Memberships . . . . .	900099	2,869	2,869	0	0	
	<b>e</b>	. . . . .		0				
	<b>f</b>	All other program service revenue . . . . .		0				
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		210,979				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,495,501	0	0	1,495,501	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0	0	0		
	<b>5</b>	Royalties . . . . .		2,524	0	0	2,524	
	<b>6a</b>	Gross Rents . . . . .	(i) Real (ii) Personal					
		<b>b</b>	Less: rental expenses . . . . .					
		<b>c</b>	Rental income or (loss) . . . . .	0 0				
	<b>d</b>	Net rental income or (loss) . . . . .		0				
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities (ii) Other	22,097,316 0				
		<b>b</b>	Less: cost or other basis and sales expenses . . . . .	24,283,075 0				
		<b>c</b>	Gain or (loss) . . . . .	-2,185,759 0				
	<b>d</b>	Net gain or (loss) . . . . .		-2,185,759	0	0	-2,185,759	
	<b>8a</b>	Gross income from fundraising events (not including \$ 262,971 of contributions reported on line 1c). See Part IV, line 18 . . . . .	a	320,463				
		<b>b</b>	Less: direct expenses . . . . .	b	330,422			
		<b>c</b>	Net income or (loss) from fundraising events . . . . .		-9,959		0	-9,959
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19. . . . .	a	0				
		<b>b</b>	Less: direct expenses . . . . .	b	0			
		<b>c</b>	Net income or (loss) from gaming activities . . . . .		0			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	a	0				
		<b>b</b>	Less: cost of goods sold . . . . .	b	0			
		<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b>	. . . . .							
<b>b</b>	. . . . .		0					
<b>c</b>	. . . . .		0					
<b>d</b>	All other revenue . . . . .		0					
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0					
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		22,962,556	210,979	0	-697,693		

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 . . . . .	11,830,121	11,830,121		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	151,250	151,250		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0	0		
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
7	Other salaries and wages . . . . .	0	0	0	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0	0	0	0
9	Other employee benefits . . . . .	0	0	0	0
10	Payroll taxes . . . . .	0	0	0	0
11	Fees for services (non-employees):				
a	Management . . . . .	1,997,654	1,053,827	829,763	114,064
b	Legal . . . . .	4,475	4,475	0	0
c	Accounting . . . . .	84,032	0	84,032	0
d	Lobbying . . . . .	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees . . . . .	399,418	40,201	359,217	0
g	Other . . . . .	0	0	0	0
12	Advertising and promotion . . . . .	123,654	111,212	877	11,565
13	Office expenses . . . . .	97,220	76,692	4,509	16,019
14	Information technology . . . . .	62,106	22,662	9,375	30,069
15	Royalties . . . . .	0	0	0	0
16	Occupancy . . . . .	179,329	177,826	0	1,503
17	Travel . . . . .	411,978	403,302	2,465	6,211
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19	Conferences, conventions, and meetings . . . . .	1,716,037	1,521,864	10,464	183,709
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	258,717	0	25,842	232,875
22	Depreciation, depletion, and amortization . . . . .	0	0	0	0
23	Insurance . . . . .	19,900	0	19,900	0
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.)				
a	Printing and publications . . . . .	224,116	188,041	3,337	32,738
b	Equipment purchase, rental, and repairs . . . . .	86,582	84,601	1,981	0
c	-----	0			
d	-----	0			
e	-----	0			
f	All other expenses Miscellaneous . . . . .	280,119	269,197	4,575	6,347
25	<b>Total functional expenses. Add lines 1 through 24f</b>	<b>17,926,708</b>	<b>15,935,271</b>	<b>1,356,337</b>	<b>635,100</b>
26	<b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .	0	1	0
	2 Savings and temporary cash investments . . . . .	235,227	2	671,968
	3 Pledges and grants receivable, net . . . . .	23,993,873	3	25,484,658
	4 Accounts receivable, net . . . . .	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	0	6	0
	7 Notes and loans receivable, net . . . . .	190,000	7	0
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	550	9	550
	10a Land, buildings, and equipment: cost basis . . . . .	0		
	b Less: accumulated depreciation. Complete Part VI of Schedule D . . . . .	0		
	11 Investments—publicly traded securities . . . . .	132,068,025	11	109,330,267
	12 Investments—other securities. See Part IV, line 11 . . . . .	0	12	0
	13 Investments—program-related. See Part IV, line 11 . . . . .	0	13	0
	14 Intangible assets . . . . .		14	
	15 Other assets. See Part IV, line 11 . . . . .	5,321,147	15	4,509,437
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	161,808,822	16	139,996,880	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	2,090,274	17	2,013,689
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .	0	20	0
	21 Escrow account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0
	24 Unsecured notes and loans payable . . . . .	0	24	0
	25 Other liabilities. Complete Part X of Schedule D . . . . .	1,721,470	25	1,651,961
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	3,811,744	26	3,665,650
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .	18,788,552	27	9,956,259
	28 Temporarily restricted net assets . . . . .	64,396,684	28	45,261,930
	29 Permanently restricted net assets . . . . .	74,811,842	29	81,113,041
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 <b>Total net assets or fund balances . . . . .</b>	157,997,078	33	136,331,230
	34 <b>Total liabilities and net assets/fund balances . . . . .</b>	161,808,822	34	139,996,880

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
b Were the organization's financial statements audited by an independent accountant? . . . . .	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
b If "Yes," did the organization undergo the required audit or audits? . . . . .		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

University of MD Baltimore Foundation, Inc.

Employer identification number

31-1678679

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
<b>Total</b>									0

**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 include any "unusual grants.") . . . . .	23,378,751	31,950,274	30,407,333	38,877,650	23,452,138	148,066,146
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
4 <b>Total.</b> Add lines 1-3 . . . . .	23,378,751	31,950,274	30,407,333	38,877,650	23,452,138	148,066,146
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						0
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						148,066,146

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 . . . . .	23,378,751	31,950,274	30,407,333	38,877,650	23,452,138	148,066,146
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,677,668	1,291,670	1,951,834	1,954,890	1,498,024	8,374,086
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
11 <b>Total support.</b> Add lines 7 through 10. . . . .						156,440,232
12 Gross receipts from related activities, etc. (see instructions.) . . . . .					12	2,618,919

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**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	94.65%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	94.42%
16a <b>33 1/3% support test-2008.</b> 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. . . . . <input checked="" type="checkbox"/>		
b <b>33 1/3% support test-2007.</b> 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. . . . . <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances-test-2008.</b> 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. . . . . <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test-2007.</b> 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. . . . . <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**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 include any "unusual grants.") . . . . .	0	0	0			0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
6 Total. Add lines 1-5 . . . . .	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
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 . . . . .						0
c Add lines 7a and 7b . . . . .	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 . . . . .	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						0
14 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 . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	0.00%
19a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>		
b 33 1/3% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ▶ <input type="checkbox"/>		

**Part IV**

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.



SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization

► 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.

Employer identification number

University of MD Baltimore Foundation, Inc.

31-1678679

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if  
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year) . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of certified historic structure  
☐ Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► . . . . .

4 Number of states where property subject to conservation easement is located ► . . . . .

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► . . . . .

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ . . . . .

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ . . . . .

(ii) Assets included in Form 990, Part X . . . . . ► \$ . . . . .

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ . . . . .

b Assets included in Form 990, Part X . . . . . ► \$ . . . . .

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f 0

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	101,603,860				
b Contributions	7,335,523				
c Investment earnings or losses	-22,784,909				
d Grants or scholarships	2,243,055				
e Other expenditures for facilities and programs	213,697				
f Administrative expenses	1,685,394				
g End of year balance	82,012,328				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 2%  
 b Permanent endowment 98%  
 c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				0

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products . . . .	0	
Closely-held equity interests . . . . .	0	
Other .....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►	0	

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ▶	0	

(a) Description	(b) Book value
Assets held under split-interest agreements	2,581,217
Other assets	1,927,970
	0
	0
	0
	0
	0
	0
	0
	0
	0
<b>Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)</b>	<b>4,509,187</b>

(a) Description of liability	(b) Amount
Federal income taxes	0
Payable under split-interest agreements	1,651,961
	0
	0
	0
	0
	0
	0
	0
	0
	0
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 25.)	<b>1,651,961</b>

Schedule D (Form 990) 2008

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,962,556
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,926,708
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	5,035,848
4	Net unrealized gains (losses) on investments	4	-26,701,695
5	Donated services and use of facilities	5	
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	-26,701,695
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-21,665,847

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	-3,739,140
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-26,701,695
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-26,701,695
3	Subtract line 2e from line 1	3	22,962,555
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	22,962,555

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	17,926,708
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	17,926,708
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	17,926,708

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part V Line 4 Endowment accounts are established and funded by donors in support of programs at the University of Maryland,

Part V Line 4 Baltimore. These endowments are predominantly permanent endowments and they have various purposes.

Part V Line 4 including scholarships, professorships, lectureships, chairs, capital expenditures, and research activities.

**Part XIV** Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ **Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

University of MD Baltimore Foundation, Inc.

Employer identification number

31-1678679

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Europe	0	0	Fundraising		0
North America	0	0	Fundraising		0
East Asia and the Pacific	0	0	Fundraising		0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
<b>Totals</b>	0	0			0

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

Schedule F (Form 990) 2008

(HTA)

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☐

[illegible]

**2** Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has

	provided a section 501(c)(3) equivalency letter.	▲	-----	0
<b>3</b>	Enter total number of other organizations or entities.	▲	_____	0

**Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

**Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]



**Part IV** **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I Line 2 The organization establishes separate accounts to house grant funds donated pursuant to a grant agreement to provide support for a particular program. The grant agreement is reviewed and signed by the organization's Treasurer. The expenditures from the grant fund are then monitored to ensure that monies are spent in accordance with the budget included in the grant agreement. Periodic grant progress reports and financial reports are prepared under the direction of the Principal Investigator and then reviewed and signed by the Treasurer. Subject to the language in the grant agreement, remaining funds are returned to the granting organization. In addition, we maintain the Federal Employer Identification number and the Internal Revenue Code section under which the tax exempt status was granted for each grantor.



**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 CICL Fundraisers (event type)	(b) Event #2 Celiac Fundraisers (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	143,539	48,765	391,130	583,434
	2 Less: Charitable contributions . . . . .	64,697	21,980	176,294	262,971
	3 Gross revenue (line 1 minus line 2) . . . . .	78,842	26,785	214,836	320,463
Direct Expenses	4 Cash prizes . . . . .	0	0	0	0
	5 Non-cash prizes . . . . .	0	0	0	0
	6 Rent/facility costs . . . . .	0	0	0	0
	7 Other direct expenses . . . . .	70,220	87,392	172,810	330,422
	8 Direct expense summary. Add lines 4 through 7 in column (d) . . . . .				( 330,422)
	9 Net income summary. Combine lines 3 and 8 in column (d) . . . . .				-9,959

**Part III 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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				0
Direct Expenses	2 Cash prizes . . . . .				0
	3 Non-cash prizes . . . . .				0
	4 Rent/facility costs . . . . .				0
	5 Other direct expenses . . . . .				0
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( 0)
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . .				0

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? . . . . .

b If "No," Explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? . . . . .

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

- |  |            |   |
|--|------------|---|
| <b>a</b> The organization's facility . . . . . | <b>13a</b> | % |
| <b>b</b> An outside facility . . . . .         | <b>13b</b> | % |

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

- 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 ► \$ ..... 0

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? . . . . .
- 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 ► \$ .....

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Employer identification number

31-1678679

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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 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. ☐

1 (a) Name and address of organization or government	(b) EIN	(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
University of Maryland, Baltimore Lombard & Greene Streets Baltim	52-6002033	115	10,224,009	0			Education/research
Johns Hopkins University 7150 Columbia Gateway Drive Co	52-0595110	501c3	11,619	0			Education/research
Maryland Public Interest Law Proj 500 W. Baltimore Street Baltimore	52-1620485	501c3	38,807	0			Education/research
Medical Alumni Association of the 522 W. Lombard Street Baltimore	52-0615433	501c3	16,669	0			Education/research
Greater Baltimore Committee, Inc 111 S. Calvert Street, Ste. 1700 B	52-0645650	501c3	15,480	0			Education/research
The Aspen Institute, Inc. 136 East 57th Street New York, N	84-0399006	501c3	5,000	0			Education/research
The Family Medicine Education C 7150 Studebaker Road Tipp City,	31-1436038	501c3	5,000	0			Education/research
University of Washington Foundat P.O. Box 357137 Seattle, WA 981	94-3079432	501c3	70,101	0			Education/research
Boston Medical Center 725 Massachusetts Avenue Bost	04-3314093	501c3	13,576	0			Education/research
Mississippi Center for Justice P.O. Box 1023 Jackson, MS 3921	13-4203234	501c3	50,000	0			Education/research
Towson University 8000 York Road Towson, MD 212	52-6002033	115	10,020	0			Education/research
The George Washington Universit 725 21st Street, NW, Suite 105 W	53-0196584	501c3	26,000	0			Education/research
2 Enter total number of section 501(c)(3) and government organizations							22
3 Enter total number of other organizations							5

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

(HTA)

Schedule I (Form 990) 2008

**Part III** 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Programatic assistance to indigent area residents	11	3,733	0		
School of Dentistry scholarships & awards	32	28,050	0		
School of Law scholarships & awards	27	82,550	0		
School of Medicine scholarships & awards	36	32,768	0		
School of Nursing scholarships & awards	30	3,950	0		
School of Social Work scholarships & awards	1	200	0		
	0	0	0		

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I Line 2 The organization establishes separate accounts to house grant funds donated pursuant to a grant agreement to provide support for a particular program. The grant agreement is reviewed and signed by the organization's Treasurer. The expenditures from the grant fund are then monitored to ensure that monies are spent in accordance with the budget included in the grant agreement. Periodic grant progress reports and financial reports are prepared under the direction of the Principal Investigator and then reviewed and signed by the Treasurer. Subject to the language in the grant agreement, remaining funds are returned to the granting organization. In addition, we maintain the Federal Employer Identification number and the Internal Revenue Code Section under which the tax exempt status was granted for each grantor.

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Continuation Sheet for Schedule I (Form 990)**

▶ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Employer identification number

31-1678679

University of MD Baltimore Foundation, Inc.

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UJC Hastings College of the Law, 200 McAllister Street San Francisco, CA 94102	94-2581680	501c3	37,400	0			Education/research
University of Maryland Student Body, 500 W. Baltimore Street Baltimore, MD 21201	52-6002033	115	10,096	0			Education/research
Epilepsy Foundation of the Chesapeake, 8503 LaSalle Road Towson, MD 21204	52-6060453	501c3	24,626	0			Education/research
University of Maryland Pediatric Associates, 700 W. Lombard Street Baltimore, MD 21201	52-1182593	501c3	95,712	0			Clinical Support
Shock Trauma Associates, PA (S), 11 S. Paca Street, Suite 500 Baltimore, MD 21201	52-1119350	501c3	160,836	0			Clinical Support
U.M. FDSP Associates, PA (S), 650 W. Baltimore Street Baltimore, MD 21201	52-1456103	501c3	40,358	0			Clinical Support
University of Maryland Anesthesiology, 22 S. Greene Street Baltimore, MD 21201	52-1076158	501c3	5,439	0			Clinical Support
University of Maryland Emergency Services, 110 S. Paca Street, 6th Floor Baltimore, MD 21201	52-1403415	501c3	450,000	0			Clinical Support
University of Maryland Eye Associates, 419 W. Redwood Street, Suite 420 Baltimore, MD 21201	52-6148737	501c3	78,234	0			Clinical Support
University of Maryland Family Medicine, 29 S. Paca Street Baltimore, MD 21201	52-1274266	501c3	13,393	0			Clinical Support
University of Maryland Medical System, 22 S. Greene Street Baltimore, MD 21201	52-1362793	501c3	218,076	0			Clinical Support
University of Maryland Neurology, 11 S. Paca Street, Suite 400 Baltimore, MD 21201	52-1138284	501c3	52,195	0			Clinical Support
University of Maryland Physicians, 419 W. Redwood Street, Suite 660 Baltimore, MD 21201	52-1103228	501c3	21,987	0			Clinical Support
University of Maryland Surgical Associates, 11 S. Paca Street, Third Floor Baltimore, MD 21201	52-1557551	501c3	74,727	0			Clinical Support
University of Maryland OB-GYN Associates, 405 W. Redwood Street, 4th Floor Baltimore, MD 21201	52-0913438	501c3	26,659	0			Clinical Support

2 Enter total number of Section 501(c)(3) and government organizations . . . . . 22

3 Enter total number of other organizations . . . . . 5

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

Schedule I-1 (Form 990) 2008

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2008**

**Open to Public  
Inspection**

Name of the organization

University of MD Baltimore Foundation, Inc.

Employer identification number

31-1678679

**Part I Questions Regarding Compensation**

**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

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 . . . . .

**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? . . .

**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.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- 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:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- 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:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- 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 . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

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

Schedule J (Form 990) 2008



1

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

Schedule J (Form 990) 2008

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Part I Line 1a The discretionary spending account available to the President/CEO of the organization is used exclusively for business related activities and each expenditure is reviewed by the Treasurer of the organization for appropriate use. The President/CEO is also provided a membership to a private dining and meeting establishment for the sole purpose of conducting Foundation business.

Form 990, Part VII, line 5 T. Sue Gladhill received compensation in the form of salary from the University of Maryland, Baltimore in the amount of \$113,641 in her role as President and Chief Executive Officer of the organization. Judith S. Blackburn received compensation in the form of salary from the University of Maryland, Baltimore in the amount of \$140,207 in her role as Treasurer and Chief Financial Officer of the organization.

**Continuation Sheet for Form 990**

OMB No 1545-0047

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the Organization

Employer Identification number

University of MD Baltimore Foundation, Inc.

**31-1678679**

## Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No 1545-0047

**2008**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

University of MD Baltimore Foundation, Inc.

Employer identification number

31-1678679

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	38	500,911	Average market high/low
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( ) . . . . .		0	0	
26 Other ► ( ) . . . . .		0	0	
27 Other ► ( ) . . . . .		0	0	
28 Other ► ( ) . . . . .		0	0	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 0

30 a 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? . . . . .

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32		X

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Employer identification number

University of MD Baltimore Foundation, Inc.

31-1678679

Form 990 Part VI Section C Line 19 The organization has maintained a public disclosure file in its office where the books and records are kept consecutively since the first year of operation. It is a bright yellow accordian file which is accessible to all Foundation personnel. It contains IRS form 1023 Application for Recognition of Exemption, the public disclosure version of IRS form 990 Return of Organization Exempt from Income Tax for the three most recent fiscal years, and an information sheet that explains the public disclosure file requirement. The governing documents, conflict of interest policy, and financial statements are available on the organization's website.

Form 990 Part VI Section A Line 10 A draft version of form 990 (Public Disclosure Copy) is provided to the Executive Committee of the organization's Board of Trustees. This committee convenes to review the return. Any corrections or suggestions are made to the draft return which is then mailed to the full Board of Trustees. Upon approval by this body, the return is signed by a public accounting firm and the Treasurer of the organization and electronically filed with the Internal Revenue Service.

Form 990 Part VI Section B Line 12c The Board of Trustees and Officers of the organization are required to review the Conflict of Interest Policy and complete a disclosure form annually to indicate anything they perceive to be a conflict as described in the policy. The President of the organization maintains a record that indicates compliance with this policy by each board member which she then provides to the Audit & Finance Committees.

Form 990 Part VI Section B Line 15b The organization has no employees. Members of the organization's workforce are employees of the University of Maryland, Baltimore (UMB). The organization reimburses the University annually for its share of the compensation. UMB is part of the University System of Maryland which is a state agency, therefore the compensation of the officers and members of the organization's workforce is established, monitored, and governed by regulations and guidelines in place for all State of Maryland employees. In addition, the organization's budget, which includes salaries in the aggregate, is reviewed and adopted annually by the Audit and Finance Committees and by the full Board of Trustees.

Form 990 Part III Line 4a (CONTINUED) Campus Center. Since the largest percentage of expenses and grants are generated by the schools of Medicine and Law, expanded information about those schools is included in lines 4b and 4c of Part III.

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

Schedule O (Form 990) 2008

**Part X, Lines 11 and 12 (990) - Investments - Securities**

Check one box below to indicate how securities are reported

☐ Cost☒ End of year market value (FMV)

							0	132,068,025	109,330,267
Securities at end of year		Publicly Traded Securities?	Financial Derivatives	Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value FMV	Ending Balance Book Value FMV	
1	Money market funds and short-term investments	X			0.00	0	6,967,216	20,316,000	
2	Corporate and foreign bonds	X			0.00	0	2,149,195	1,541,983	
3	Equities	X			0.00	0	5,019,925	1,595,584	
4	U.S. Treasury notes and bonds	X			0.00	0	17,455,939	9,924,489	
5	U.S. Agencies	X			0.00	0	0	201,184	
6	Collateralized Mortgage Obligations	X			0.00	0	208,416	915,300	
7	Long/short equity hedge funds	X			0.00	0	45,141,616	27,422,594	
8	Mutual funds-absolute return strategies	X			0.00	0	31,441,702	25,861,031	
9	Private capital	X			0.00	0	15,851,899	15,318,879	
10	Real estate	X			0.00	0	7,832,117	6,233,223	
11					0.00	0	0	0	0
12					0.00	0	0	0	0
13					0.00	0	0	0	0
14					0.00	0	0	0	0
15					0.00	0	0	0	0
16					0.00	0	0	0	0
17					0.00	0	0	0	0
18					0.00	0	0	0	0
19					0.00	0	0	0	0
20					0.00	0	0	0	0

Part X, Line 7 (990) - Other Notes

	Check if a business	Check if credit union or 501(c)(3) scholarship loan	Borrower's name	Title	Original amount	Net balance due beginning of year	Balance due end of year	Allowance for doubtful accounts end of year
1	X		UMB Health Sciences Research Park Corporation		190,000	190,000	0	0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
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