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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

A F	or th	e 2009 calendar year, or tax year beginning and ending	<u></u>	
В	Check if applicab	Please use IRS C Name of organization	D Employer identifi	cation number
	Addre chang	e print or CAL RIPKEN SK FOUNDATION INC		
	Name chang	Doing Business As	52-2	310500
	Initial return	I Specific I	· '	
느	Termi	Instruct 1427 CLARKVIEW ROAD 100	410-	823-0808
늗	Amen return Applu		G Gross receipts \$	8,750,542.
l	_tion pendi	BALIIMORE, MD 21209	H(a) Is this a group re	
		F Name and address of principal officer BRIAN WENTZ SAME AS C ABOVE	for affiliates?	Yes X No
1 7	Tay-ey	empt status:	H(b) Are all affiliates inc	list. (see instructions)
		te: > WWW.RIPKENFOUNDATION.ORG	H(c) Group exemptio	
			Year of formation: 2001	
	art I	Summary		
ø	1	Briefly describe the organization's mission or most significant activities: LED BY E	ORMER BASEBAL	L GREATS,
Activities & Governance		CAL RIPKEN, JR. AND BILL RIPKEN, THE CAL RIP	KEN SR. FOUND	ATION,
ern	2	Check this box fithe organization discontinued its operations or disposed of	nore than 25% of its net as	
óg	3	Number of voting members of the governing body (Part VI, line 1a)	3	34
<u>مح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a)	. 4	26 22
ij	5	Total number of employees (Fart v, line 2a) Total number of volunteers (estimate if necessary)	5	115
cţi	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	. 7a	0.
⋖		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
		- TIFD	Prior Year	Current Year
ē	18	Optiblitions and grants (Part VIII, line 1h)	7,929,535.	8,296,326.
Ģ	\9 ,	Program service revenue (Part VIII, line 2g)		1,663.
Revenue	100	Investment ingome (Part VIII column (A), lines 3, 4, and 7d)	10,015.	708.
	1F?	Other Revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	561,647.	<37,315.
	13	Grants and lines 6 through 11 (must equal Part VIII, column (A), line 12)	8,501,197. 3,682,591.	8,261,382. 2,977,855.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	3,002,331.	4,311,000.
ဟ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,713,755.	1,965,122.
Expenses	i	Professional fundraising fees (Part IX, column (A), line 11e)		
Х		Total fundraising expenses (Part IX, column (D), line 25) 617,648.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,426,028.	2,267,180.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,822,374.	7,210,157.
_ 0	19	Revenue less expenses Subtract line 18 from line 12	678,823.	1,051,225.
Net Assets or Fund Balances		Total access (Dark V. Land 40)	Beginning of Current Year	End of Year
Asse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	8,886,314. 1,706,554.	9,742,873. 1,512,000.
Net	22	Net assets or fund balances Subtract line 21 from line 20	7,179,760.	8,230,873.
Pa	rt II	Signature Block	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0/230/0/31
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ents, and to the best of my knowled	ge and belief, it is true, correct,
≘		and somplete because it is prepare to the small brinds in a small	/ . /	,
≘ Çsigr	n	and the second	8/3//	0
∉Her	е	Signature of officer	Date/ /	
≥ 0		BRIAN WENTZ, DIRECTOR OF ACCOUNTING Type or print name and title		
<u>يا</u>	_	Dete	Check if Prepare	er's identifying number
∲ aid		Preparer's signature LORI S. BURGHAUSER 06/09/10	Self (see ins	structions)
⊇Prep U	arer's	Firm's name (or SCLH TAX C ADVISORY SERVICES I.C.	EIN ►	
Use	UNIY	self-employed). 910 RIDGEBROOK ROAD		
<u> </u>		ZIP+4 SPARKS, MARYLAND 21152	Phone no. ► (410) 403-1500
ĴMa∨	the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
	01 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate		Form 990 (2009)
	S	EE SCHEDULE O FOR ORGANIZATION MISSION STATE	MENT CONTINUA	TION

932002 02-04-10 Form 990 (2009) CAL RIPKEN S
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_	<u>_x</u> _	
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 similar funds or 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		٠,,
_	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			v
_	Schedule D, Part III	8		Х
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			.
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	_	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		х
11	If "Yes," complete Schedule D, Part V . Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	10		Λ
''	as applicable	11	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	 	- 22	
_	Part VI.	:		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			7.7
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	-	<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
40	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	46		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		Δ.
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines	'''-		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		
	complete Schedule G, Part III	19		X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			990 (

Part IV Checklist of Required Schedules (continued)

21 Dut the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, committer Schedule / Parts and if II 22 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2 / If Yes, "complete Schedule / Parts I and III 23 Dut the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustiess, key employees, and highest compensated employees? If Yes," complete Schedule Schedule I, Part I is and the organization and the section of papeloade ling thresholds, conditions, and exceptions) 240 Dut the organization provide a grant or other assistance to an officer, director, trustee, key employee, ubstantial contributor, or a grant selection committee member, or to a person related to such an individual? If Yes, complete Schedule L, Part IV 250 Dut the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If Yes, complete Schedule L, Part IV 261 Dut the organization receive contributions of art, historical trustee, or key employee? If Yes, complete Schedule L, Part IV 272 Dut the or	•			Yes	No
22 Det the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? if "Yes," complete Schedule I, Part I and III. 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, flustees, key employees, and highest compensation of the organization's current and former officers, director, flustees, key employees, and highest compensation of the organization's current and former officers, director, flustees, key employees, and highest compensation of the organization's current and former officers, director, flustees, key employees, and highest compensation of the organization is such as the organization have a tax-exempt bond is sue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24a	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
column (A), ine 27 if "Yes," complete Schedule I, Parts I and III 2 Did the organization awer "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule I, "I No", go to him 25 bid the organization missual and escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any are considered to the organization of the organizations. Did the organization end of the organizations of the area of the organization and that the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II Was a ban to or by a current or former officer, director, trustee, ey employee, highly compensated omployee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Was the organization provide a grant or other assestance to an officer, director, trustee, ley employee, highly compensated omployee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Was the organization provide a grant or other assestance to an officer, director, trustee, ley employee, highly compensated omployee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Was the organization aparty to a business transaction with one of the following parties, (see Schedule L, Part IV and the organization of the parties		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
23 Dd the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 and the last day of the year, that was issued after Docember 31, 2002? If "Yes," ranswer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 4 Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 4 Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 4 Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 4 Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 5 Dd the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 6 Dd the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year? 7 Defease of the year, If Yes, "complete Schedule L, Part II yes, "complete Schedule L, Part II yes," complete Schedule L, Part II yes, "complete Schedule L, Part II yes," complete Schedule L, Part II yes, "complete Schedule L, Part II yes," complete Schedule L, Part II yes, "complete Schedule L, Part II yes," complete Schedule L, Part II yes, "complete Schedule L, Part II yes," complete Schedule L, Part II yes," complete Schedule N, Part I yes," complete Schedule R, Part V	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Dd 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," arrawer lines 240 through 24d and complete Schedule K. If "No", go to line 25 b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Dd the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25 Section 501(c)(3) and 501(c)(4) organizations. Dd the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I Is the organization engage in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I I 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 IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee, substantial contributions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instruction or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedule M in the organization lequalds, terminate, or dissolve and cease operations? If "Yes," complete Schedule R, Part IV instructions? If "Yes," complete Schedule		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 24a Dut the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section \$01(c)(3) and \$01(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 15 Is the organization or aver that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II 26 Was a boan 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 IIV 27 Did the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IIV 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current for former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization or a family member) was an officer, director, trustee, or key employee		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ŀ		
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-weight bonds? d Did the organization acit as an "on behalf of" issuer for bonds outstanding at any time during the year? 10 bit the organization acit as an "on behalf of" issuer for bonds outstanding at any time during the year? 12dd 12dd 12dd 12dd 12dd 12dd 12dd 12d		Schedule J	23	X	
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Schedule K. If "No", go to line 25 D dt the organization invest any proceeds of tax exampt bonds beyond a temporary period exception? Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 be the organization main an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I be the organization and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I and the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II and the organization or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III and the organization provide a grant or other assistance to an officer, director, trustee, or key employee, If "Yes," complete Schedule L, Part IV and the organization provide and party to a business transaction with one of the following parties, (see Schedule L, Part IV A A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Pa					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25d Section 501(kg) and 501(kg) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person on during the year? If "Yes," complete Schedule L, Part I 25b Is the organization of the organization of any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization forms 990 or 990 E2? If "Yes," complete Schedule L, Part II 25b Is a year? If "Yes," complete Schedule L, Part II 25b Is a year? If "Yes," complete Schedule L, Part II 25b Is a year? If "Yes," complete Schedule L, Part II 27b Is a family in member of a current or former officer, director, trustee, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV 27b Is a family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b Is A family member of acurrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b If the organization receive more than 825,000 in non-cash contributions? If "Yes," complete Schedule Is Part IV 27b If the organization receive more than 825,000 in non-cash contributions? If "Yes," complete Schedule Is Part IV 37b If the organization engage in an exception of the organization related to any tax-exempt of the organization under Regulations sections 301.7701 2 and 301.7701 3 If "Yes," complete Schedule Is, Part I II 31b If the organization organization organization acurrent organiz			24a		х
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disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 25b X 27 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 26b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c and entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c and entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c and entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c and entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 27c A entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 27c A entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 27c A entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 27c A entity of which are current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 27c A entity of which are current or form			244		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E7? If "Yes," complete Schedule L, Part II 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 is tax year? If "Yes," complete Schedule L, Part II 25b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part II 27	238		252		Y
that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E27 // "Yes," complete Schedule L, Part I / 25b		• • • • • • • • • • • • • • • • • • • •	234		
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			38	X	
					2009)

Form 990 (2009) CAL RIPKEN SR FOUNDATION INC
Part V Statements Regarding Other IRS Filings and Tax Compliance

			res	NO
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable 1a 16			
	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b_	_X_	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			•
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	}		
	benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X_
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	Ţ		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	- 1		
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.	ļ		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		l	
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
		Form	990 (2009)

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

Sec	tion A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body . 1a 34			
b	Enter the number of voting members that are independent			
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_		<u>X</u>
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		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	_8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	is there any officer, director, 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	9	لــــــا	<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	December of the second	40.	Yes	No X
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
D	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	х	
11A		- ''		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, 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			17
	taxable entity during the year?	16a		<u>X</u>
D	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		
Sec	tion C. Disclosure	100	1	
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, CA, CT, FL, GA, IL, KS, KY	, MD	, MA	, MI
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		,	
-	public inspection Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, are	nd fina	ncıal	
	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	iou. 🕨	•	
	BRIAN WENTZ - 410-823-0808			
	1427 CLARKVIEW ROAD, SUITE 100 BALTIMORE, MD 21209		000	
		Form	990 (2009)

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SEE SCHEDULE O FOR FULL LIST OF STATES

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
	hours	(cl	(check all t		that apply)			compensation	compensation	amount of
	per	ctor	tg		from the	from related	other			
	week	individual trustee or director	85					organization	organizations (W-2/1099-MISC)	compensation from the
		ustee	Institutional trustee		يو	beus		(W-2/1099-MISC)	(** = 100000)	organization
		lual tr	tional		Key employee	it coll				and related
		indiv	Institu	Officer	Keyer	Highest compensated employee	Forme			organizations
VIOLET R. RIPKEN						\vdash				
FOUNDING CHAIRWOMAN	1.00	X		X				0.	0.	0.
CALVIN E. RIPKEN, JR.										
VICE CHAIRMAN	1.00	X		X	ļ			0.	0.	0.
LONNIE M. RITZER, ESQ.										
SECRETARY	1.00	X		Х				0.	0.	0.
WILLIAM O. RIPKEN										
VICE CHAIRMAN	1.00	X		X				0.	0.	0.
ROBBIE CALLAWAY	4 00							_	_	
CHAIRMAN	1.00	X		X				0.	0.	0.
STEPHEN A. GEPPI	1 00									•
DIRECTOR	1.00	X		-				0.	0.	0.
JOHN KARAS, ESQ.	1 00	.						•	•	0
DIRECTOR HONORABLE FRANCIS X. KEL	1.00	Λ						0.	0.	0.
CHAIRMAN ELECT	1.00	x		x				0.	0.	0.
DONALD H. KIRK, JR.	1.00	Λ		Λ				0.		<u></u>
DIRECTOR	1.00	x				İ		0.	0.	0.
ROGER RALPH		-				_				
DIRECTOR	1.00	x						0.	0.	0.
IRVIN H. BISNOV			-						<u> </u>	
TREASURER	1.00	x		х				0.	0.	0.
MANUS COONEY										
DIRECTOR	1.00	X						0.	0.	0.
CHRIS FLANNERY										
DIRECTOR	1.00	X						0.	_0.	0.
HONORABLE MIKE MOORE										
DIRECTOR	1.00	X						0.	_ 0.	0.
LARRY E. WALTON										
DIRECTOR	1.00	X				ļ		0.	0.	0.
LAURA S. KIESSLING	4 00	<u> </u>						_		_
DIRECTOR	1.00	X		$\vdash \vdash$		<u> </u>		0.	0.	0.
TERRY ARENSON	1 00	ᢏ						_		•
DIRECTOR	1.00	Ā		لـــا		L		0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
· (A)	(B)	(C)						(D)	(E)	(F)	
Name and title	Average			Pos				Reportable	Reportable	Estimated	
	hours	(ct	neck	all t	hat	арр	ly)	compensation	compensation	amount of	
	per week	ctor						from the	from related organizations	other	
	Week	or dire				ted		organization	(W-2/1099-MISC)	compensation from the	
		ustee	truste		92	bens		(W-2/1099-MISC)	(** = *** - *** - ***	organization	
		ual tri	donal		ploye	t com				and related	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богшег			organizations	
JAY BAKER							-				
DIRECTOR	1.00	$ \mathbf{x} $						0.	0.	0.	
DOUGLAS COLLINS, M.D.											
DIRECTOR	1.00	X						0.	0.	0.	
FRANK CULOTTA											
DIRECTOR	1.00	X						0.	0.	0.	
GUS KALARIS									_		
DIRECTOR	1.00	X						0.	0.	0.	
MARK MCNAUGHTON	4 00									•	
DIRECTOR	1.00	X					_	0.	0.	0.	
ALAN M. RIFKIN, ESQ.	1 00	. ,							0	•	
DIRECTOR JIM STRATTON	1.00	A		\dashv				0.	0.	0.	
DIRECTOR	1.00	v						0.	0.	0.	
CARL J. TRUSCOTT	1.00	A						0.			
DIRECTOR	1.00	x						0.	0.	0.	
JOHN D. RYAN	2000		\neg							<u> </u>	
DIRECTOR	1.00	$ \mathbf{x} $						0.	0.	0.	
MARK BUTLER								_			
DIRECTOR 1.00 X								0.	0.	0.	
1b Total .		787,224.	0.	41,799.							

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

Yes No 3 4

line 1a? If "Yes," complete Schedule J for such individual 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

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

- 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

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

(B) Description of services	(C) Compensation
PROJECT MANAGEMENT - FIELD CONSTRUCTION	255,422.
EVENT FACILITY	179,843.
FIELD ENGINEERING/CONSTRUC	114,809.
	Description of services PROJECT MANAGEMENT - FIELD CONSTRUCTION EVENT FACILITY FIELD

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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

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

	All other organizations must compl not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and	_			
	organizations in the U.S. See Part IV, line 21	2,977,855.	2,977,855.		· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				·····
3	Grants and other assistance to governments,			_	
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			·	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	854,885.	422,128.	272,521.	160,236
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages ,	911,392.	600,338.	11,685.	<u>299,369.</u>
8	Pension plan contributions (include section 401(k)			_	_
	and section 403(b) employer contributions)	36,011.	23,755.	6,999.	5,257
9	Other employee benefits	69,202.	43,774.	1,972.	23,456
10	Payroll taxes	93,632.	53,673.	11,970.	27,989.
11	Fees for services (non-employees).				
а	Management				
b	Legal	2,859.		2,859.	
C	Accounting	45,996.	18,398.	27,598.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	·			•
f	Investment management fees				
g	Other _				
12	Advertising and promotion	37,186.	12,086.	1,138.	23,962.
13	Office expenses	310,526.	202,166.	59,585.	48,775.
14	Information technology	27,952.	20,760.	5,136.	2,056.
15	Royalties		•		
16	Occupancy	124,998.	110,198.	4,183.	10,617.
17	Travel	154,708.	125,913.	20,598.	8,197.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,964.	4,244.	13,486.	5,234.
20	Interest	19,725.	19,725.	= 1 = 1 = 1	
21	Payments to affiliates				·
22	Depreciation, depletion, and amortization	572,448.	541,097.	31,351.	
23	Insurance	38,160.	28,620.	9,540.	
24	Other expenses. Itemize expenses not covered		20/0201	3,3200	
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	CONSULTING	349,589.	224,062.	125,527.	
b	BAD DEBT EXPENSE	215,000.		215,000.	
c	YOUTH BASEBALL CAMPS	166,070.	166,070.	223,0001	· -
٦	BASEBALL EQUIPMENT	138,874.	136,369.	5.	2,500.
u	FIELD MAINTENANCE	40,125.	40,125.	J •	2,500
f	All other expenses	±0,123.			
_	Total functional expenses. Add lines 1 through 24f	7,210,157.	5,771,356.	821,153.	617,648.
<u>25</u> _	Joint costs. Check here Infollowing	1,410,1310	J, 111, 330.		01/,040
26					
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				F 000 (0000

Form **990** (2009)

omi 99 Part)	(2009) CAL RIPKEN SR FOUNDATION I	NC	52-2	2310500 Page 1 1
		(A) Beginning of year		(B) End of year
	Cash · non-interest-bearing		1	
		146,452	. 2	2,089,021
		3,079,120		2,646,793
		166,677		73,057
, ا				
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
- 6				
`	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
<u>v</u> 7			7	
Assets		-	8	-
8 S		147,501		157,917
10				
"	basis. Complete Part VI of Schedule D 10a 7,610	967		
	b Less. accumulated depreciation 10b 2,848,		. 10c	4,762,745
1.			11	
12	· · · · · · · · · · · · · · · · · · ·		12	
13			13	
14		-	14	
15		23,783		13,340
16		8,886,314		9,742,873
17		900,912		703,324
18		3337322	18	
19		399,366		493,820
20	• •	3337333	20	1,50,020
_			21	
		200	-	
	highest compensated employees, and disqualified persons. Complete F	r		
Liabilities	of Schedule L		22	
23			23	
24			24	
25		406,276	25	314,856
26		1,706,554		1,512,000
	Organizations that follow SFAS 117, check here X and com		1 20 1	1,011,000
<u>ر</u>	lines 27 through 29, and lines 33 and 34.			
et Assets or Fund Balances		4,911,415	. 27	4,432,060
E 28		2,268,345		3,798,813
		2,200,345	29	3,.50,013
Ĕ <u> </u>		nd	-	
בַ	complete lines 30 through 34.			
g 30			30	
3		•	31	-
2 3 2 32			32	_ _
9 34	Totaliou carrings, endowinent, accumulated income, or other lunus	7 170 760	32	0 220 072

9,742,873. Form **990** (2009)

8,230,873.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

7,179,760.

8,886,314.

33

•			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			İ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	_2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	
		Form	990 (2009

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization		=				Ti-	Employer i	dentificati	ion number	
CAL RIE	KEN SR FOUND	ATION	INC				52	-2310	500	
Part I Reason for Public Char	rity Status (All organiz	zations mu	st complet	te this par	t) See inst	tructions				
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1										
foundation managers and other of the organization received a wrisupporting organization, check to supporting organization, check to supporting organization, check to supporting organization, check to support the August 17, 2006, has the country of an august 17, 2006, has the country of a person who directly or income the governing body of the support of a person (iii) A 35% controlled entity of a provide the following information	tten determination from this box organization accepted ar directly controls, either al upported organization? In described in (i) above? It person described in (i) or	the IRS than y gift or colone or togotor (ii) above	at it is a Ty contribution ether with	pe I, Type from any	II, or Type	e III owing pe	 rsons?	11g(i) 11g(ii) 11g(iii)	Yes No	
(i) Name of supported (ii) EIN organization	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the o in col. (i) Is governing o		organizat	ion in col.	organizát (i) organi	Is the tion in col. ized in the S.?		nount of port	
	(see instructions))	Yes	No	Yes	No	Yes	No			
Total I HA For Privacy Act and Panerwork Redu	ation Ant Nation and M	ho Inchwe	tions for			Cabad	ulo A (Farre	.000 00	20-EZ) 2009	

932021 02-08-10

Form 990 or 990-EZ.

	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10						32573671	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	140,109	
13	First five years. If the Form 990 is for	the organization's	s first, second, thu	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
	organization, check this box and stor]
Sec	ction C. Computation of Publ	ic Support Per	rcentage					
14	Public support percentage for 2009 (ine 6, column (f) di	vided by line 11,	column (f))		14	96.10	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	95.93	%
16a	33 1/3% support test - 2009. If the o	rganization did not	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this	box and	
	stop here. The organization qualifies	as a publicly supp	orted organizatior	ı			. ▶ 🗓]
b	33 1/3% support test - 2008. If the o	rganization did not	t check a box on l	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check	this box	
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶-]
17a	10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10	% or more,	
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	ere. Explain in Pai	rt IV how the or	ganization	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	dorganization]
b	10% -facts-and-circumstances tes	t - 2008. If the orga	anization did not d	heck a box on line	13, 16a, 16b, or 1	7a, and line 15	ıs 10% or	
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and s	stop here. Explain	in Part IV how	the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a public	cly supported orga	inization	. ▶⊑]
18	Private foundation. If the organization	n did not check a l	box <u>on</u> line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instruct	ions	1
					Sche	dule A (Form 9	990 or 990-EZ) 2009	9

<u>Schedu</u>	ile A (Form 990 or 990-EZ) 2009						Page 3
	III Support Schedule for (<u> Drganizations</u>	Described in	Section 509(a)	(2) (Complete only	If you checked the bo	ox on line 9 of Part
	on A. Public Support					,	
	lar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	fts, grants, contributions, and					•	
	embership fees received (Do not			İ			
	clude any "unusual grants ")		. <u>-</u>				
m fo ar	ross receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in by activity that is related to the ganization's tax-exempt purpose						
3 G	oss receipts from activities that		İ	İ			
ar	e not an unrelated trade or bus-		İ				
ını	ess under section 513						
4 Ta	x revenues levied for the organ-						
ıza	ation's benefit and either paid to	ĺ					
or	expended on its behalf						
5 Tr	e value of services or facilities						
fu	mished by a governmental unit to			+			
th	e organization without charge						
6 To	otal. Add lines 1 through 5			1.			
7a Ar	nounts included on lines 1, 2, and						
3	received from disqualified persons						
fro ex	nounts included on lines 2 and 3 received mother than disqualified persons that seed the greater of \$5,000 or 1% of the ount on line 13 for the year						
c A	ld lines 7a and 7b						
	ublic support (Subtract line 7c from line 6)					<u></u>	l <u>.</u>
	on B. Total Support	1	1		ı	1	т —
	lar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
10a G	nounts from line 6 ross income from interest, vidends, payments received on						
se	curities loans, rents, royalties id income from similar sources						
	related business taxable income						
٠,	ss section 511 taxes) from businesses						
ac	quired after June 30, 1975						
11 No ac wi	dd lines 10a and 10b et income from unrelated business etivities not included in line 10b, nether or not the business is gularly carried on						
12 Of or	her income Do not include gain loss from the sale of capital sets (Explain in Part IV.)						
	tal support (Add lines 9, 10c, 11, and 12)		<u> </u>				
	rst five years. If the Form 990 is for	r the organization'	s first, second, the	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ration,
ch	eck this box and stop here						▶□
Secti	on C. Computation of Publ	ic Support Pe	rcentage				
15 Pu	ublic support percentage for 2009 (line 8, column (f) d	livided by line 13,	column (f))		15	
16 Pu	ublic support percentage from 2008	Schedule A, Part	III, line 15			16	
Secti	on D. Computation of Inves	stment Incom	e Percentage				
17 In	vestment income percentage for 20	09 (line 10c, colui	mn (f) divided by li	ne 13, column (f))	<u></u>	17	9
18 In	vestment income percentage from :	2008 Schedule A,	Part III, line 17			18	
19a 33	1/3% support tests - 2009. If the	organization did r	not check the box	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
m	ore than 33 1/3%, check this box a	nd stop here. The	organization qual	rfies as a publicly s	upported organiza	ation	▶□

Schedule A (Form 990 or 990-EZ) 2009

b 33 1/3% support tests - 2008. 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

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service .

Complete if the organization is described below.

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

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
Nan	ne of organization	•		Emp	oloyer identification number
		KEN SR FOUNDATION	N INC		52-2310500
Pa	art I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527	organization.
1	Provide a description of the organiz	zation's direct and indirect political	al campaign activities	ın Part IV	
2	Political expenditures	•		▶ :	\$
3	Volunteer hours			•	
Pa	art I-B Complete if the org	janization is exempt unde	er section 501(c	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	> :	\$
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 495	5 . ▶	\$
	If the organization incurred a section	n 4955 tax, did rt file Form 4720 f	for this year?		Yes No
	Was a correction made?				└── Yes └── No
	off "Yes," describe in Part IV			avent section FO4	(-)(0)
		ganization is exempt unde			
	Enter the amount directly expended		•	•	\$
2	Enter the amount of the filing organ	iization's funds contributed to oth	ner organizations for s	section 527	_
_	exempt function activities			▶ :	<u></u>
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here ar	nd on Form 1120-POL	-,	
	line 17b			. 🏲	\$
	Did the filing organization file Form	•	N of all anathra 507 a	-14:1	Yes No
5	Enter the names, addresses and er For each organization listed, enter t				
	that were promptly and directly deli	,	-	•	
	(PAC). If additional space is needed		. neation, odor do a oc	parate oogrogates fants of	a political action committee
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(0) [114	filing organization's	contributions received and
				funds. If none, enter -0-	
					delivered to a separate political organization
					If none, enter -0
	-			,	
			1		
				<u> </u>	
	-				

932041 02-04-10

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 Part II-A Complete if the org	CAL :	RIPKEN	SR FOUNDAT	PION INC	52-3	2310500 Page 2					
· (election under sec			inpranaci secut	on so recitor and in	ed 7 0/11/1 57 00						
			hotod group								
			nated group nd " <u>limited control" p</u> r	overone apply							
Limit	s on Lobi	ying Expe			(a) Filing organization's totals	(b) Affiliated group totals					
1a Total lobbying expenditures to influ	ence pub	lic opinion (grass roots lobbying)								
b Total lobbying expenditures to influ	ence a lec	uslative bo	dy (direct lobbying)								
c Total lobbying expenditures (add li	nes 1a and	d 1b)		·							
d Other exempt purpose expenditure	s										
e Total exempt purpose expenditure	e Total exempt purpose expenditures (add lines 1c and 1d)										
f Lobbying nontaxable amount. Ente	r the amo	unt from the	e following table in bo	th columns.							
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable an	nount is:							
Not over \$500,000		20% of	the amount on line 1e	•							
Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the ex	cess over \$500,000							
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000.							
Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exc	ess over \$1,500,000.							
Over \$17,000,000											
g Grassroots nontaxable amount (en	ter 25% o	f line 1f)		•							
h Subtract line 1g from line 1a If zero	or less, e	enter -0-		,							
i Subtract line 1f from line 1c. If zero	or less, e	nter -0-									
j If there is an amount other than zer	o on eithe	r line 1h or	line 11, did the organiz	zation file Form 4720							
reporting section 4911 tax for this	year?					Yes No					
, -	ations tha	it made a s		r Section 501(h) on do not have to comp es 2a through 2f on pa							
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period							
Calendar year (or fiscal year beginning in)	(a) :	2006	(b) 2007	(c) 2008	(d) 2009	(e) Total					
2a Lobbying nontaxable amount											
b Lobbying ceiling amount											
(150% of line 2a, column(e))											
c Total lobbying expenditures											
d Grassroots nontaxable amount				-							
e Grassroots ceiling amount											
(150% of line 2d, column (e))					-	 					
f Grassroots lobbying expenditures											

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 CAL RIPKEN SR FOUNDATION INC 52-231050

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	-	(;	3)	(b)
		Yes	No	Amo	unt
During the year, did the filing organization attempt to influen	ce foreign, national, state or				
local legislation, including any attempt to influence public op	_				
or referendum, through the use of.	Ü				
a Volunteers?			X		
b Paid staff or management (include compensation in expense	es reported on lines 1c through 1i)?		X	-	
c Media advertisements?	,		X		
d Mailings to members, legislators, or the public?			X		
e Publications, or published or broadcast statements?	•		X		
f Grants to other organizations for lobbying purposes?	•		X	_	
g Direct contact with legislators, their staffs, government offici	als or a legislative body?	X		141	,292
h Rallies, demonstrations, seminars, conventions, speeches, le			Х		,, 4,54
i Other activities? If "Yes," describe in Part IV	solutes, or any similar means:		X		
j Total. Add lines 1c through 1i	•			1/1	,292
			х	741	, 434
2a Did the activities in line 1 cause the organization to be not do					
b If "Yes," enter the amount of any tax incurred under section					
c If "Yes," enter the amount of any tax incurred by organizatio	_				
d If the filing organization incurred a section 4912 tax, did it file		n F01/a)	(E) or ooc	tion	
Part III-A Complete if the organization is exempt 501(c)(6).	t under section 501(c)(4), section	n sur(c)	(5), or sec	tion	
301(c)(o).				Yes	No
				res	NO
1 Were substantially all (90% or more) dues received nondedu	•		1		
2 Did the organization make only in-house lobbying expenditure			2		
3 Did the organization agree to carryover lobbying and political Part III-B Complete if the organization is exempted.		504()	3		
501(c)(6) if BOTH Part III-A, lines 1 and "Yes."	2 are answered "No" OR if Par	t III-A, li	· · · · · · · · · · · · · · · · · · ·	swered	
Dues, assessments and similar amounts from members		•	1		-
2 Section 162(e) nondeductible lobbying and political expendi	tures (do not include amounts of politic	al			
expenses for which the section 527(f) tax was paid).					
a Current year .			2a		
b Carryover from last year			2b		
c Total .			2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices	of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the	amount on line 3, what portion of the exc	ess			
does the organization agree to carryover to the reasonable e	stimate of nondeductible lobbying and p	olitical			
expenditure next year?			4		
5 Taxable amount of lobbying and political expenditures (see if	nstructions)		5		
Part iV Supplemental Information	-				
Complete this part to provide the descriptions required for Part I-A	, line 1; Part I-B, line 4; Part I-C, line 5, an	d Part II-B,	line 1: Also,	complete	this part
for any additional information	•			-	
PART II-B, LINE 1(I), OTHER LOBBY	ING ACTIVITIES:				
			``	-	
CAL RIPKEN, SR. FOUNDATION, INC.	PAYS FEES TO VENTRY	ASSOC1	ATES A	ND TH	E
ECHOLS GROUP, ROBERT KEELEY, AND					· -
ECHOLD GROOF, ROBERT REBUET, AND	ALLOTON & DIRD, ALL R.	EGTOIL	TITL	<u>-</u>	
LOBBYISTS. THESE FIRMS HAVE BEE	N ENGAGED AND ARE ON	RETAI	NER TO	·	
SUPPORT STATE GOVERNMENT FUNDING	INITIATIVES. FOR T	HE YEA	R ENDE	D	
12/31/09, \$65,625 WAS PAID TO VEN	TRY ASSOCIATES, \$22,	667 WA	S PAID	TO	

932043 02-04-10

Sched	ule C (Fo	orm 99	0 or 990) EZ) 2	2009	CAL	RIPKI	EN SR	FO	JNDATIO	N INC		52-2	<u>310500</u>	Page 4
· rant	IV S	uppi	ement	ai in	TOrma	ation (c	ontinued	<u> </u>	_					 -	
THE	ECH	OLS	GRO	JP,	\$18	,000	WAS	PAID	то	ROBERT	KEELEY,	AND	\$35,000	WAS	
PAI.	D TO	AL,	STON	ðc .	RIKL).					<u> </u>				
							···				- <u>-</u>			<u> </u>	
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Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization Employer identification number CAL RIPKEN SR FOUNDATION INC 52-2310500

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		. Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		tried historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	• • •	2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired in	• •	2d
3	Number of conservation easements modified, transferred, rel		
_	year >	,,	· - · · · · · · · · · · · · · · · · · · ·
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements r	• .	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	dunng the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expensi	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections or	f Art, Historical Treasures, or C	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, no	t to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		•
	the footnote to its financial statements that describes these i	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service	e, 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 trea	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1		- ,
а	Revenues included in Form 990, Part VIII, line 1		> \$

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

		KEN SR FOUN					<u>-231050</u>	
Pa	t III Organizations Maintaining C	collections of Art	, Historical T	reasures,	or Othe	r Similar A	Assets (con	tinued)
٠3	Using the organization's acquisition, accessi	on, and other records	, check any of the	e following that	at are a sig	Inficant use	of its collection	n items
	(check all that apply).							
а	Public exhibition	d		change progra				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further	the organizati	on's exem	npt purpose i	n Part XIV.	
5	During the year, did the organization solicit of				er sımılar :	assets		
	to be sold to raise funds rather than to be ma		-				Yes	No_
Pai	t IV Escrow and Custodial Arran		e if organization a	answered "Ye	s" to Form	1990, Part IV	, line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ary for contributio	ns or other as	sets not i	ncluded		
	on Form 990, Part X?						L Yes	L No
þ	If "Yes," explain the arrangement in Part XIV	and complete the folk	owing table.					_
							Amour	<u>ıt</u>
С.	Beginning balance	•		•		1c	·	
đ	Additions during the year	•	•			1d		
e	Distributions during the year		-			1e		
f	Ending balance	000 D-+V I 0	140			1f	<u></u>	
	Did the organization include an amount on Fo						L Yes	∟ No
Pai	If "Yes," explain the arrangement in Part XIV. t V Endowment Funds. Complete in		word "Vee" to C		N/ line 40	· · · · · · · · · · · · · · · · · · ·		
1 0	Lidowinient i dida: Complete i						haali () Fa	baalı
4-	Reginging of year balance	(a) Current year	(b) Prior year	(c) Two year	IS DACK (a) Tillee years	back (e) Fou	i years back
1a 	Beginning of year balance			<u> </u>				
D	Contributions							
C	Net investment earnings, gains, and losses							
a	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	•		+				
1 -	Administrative expenses			+				
g	End of year balance Provide the estimated percentage of the yea	r and halanaa hald as:		<u> </u>				
2	Board designated or quasi-endowment		%					
а ь	Permanent endowment	%	.70					
0								
33	Are there endowment funds not in the posse	•	on that are held:	and administe	red for the	e organizatio	0	
oa	by	SSION OF THE ORGANIZATI	ion that are neigh	and administe	100 101 011	o organizatio		Vac No
	(i) unrelated organizations						3a(i)	Yes No
	(ii) related organizations				•	• •	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required on	Schedule R?				3b	
4	Describe in Part XIV the intended uses of the	-					. [30	L
Pai), Part X, line	10.			
	Description of investment	(a) Cost or oth		t or other		cumulated	(d) Boo	k value
	·	basis (investme	1 , ,	(other)		eciation	(=, ==	
1a	Land		35	6,129.			35	6,129.
	Buildings						T	
	Leasehold improvements		7,07	76,763.	2,7	39,415	4,33	7,348.
	Equipment			78,075.		08,807		9,268.
е	Other							
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X,	, column (B), line	10(c))			4,76	2,745.
	•					Coho	dula D /Forn	

Schedule D (Form 990) 2009

CAL RIPKEN SR FOUNDATION INC

52-2310500 Page 3

932053 02-01-10

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 CAL RIPKEN SR FOUNDATIO				2310500	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 9	90 to Audited Finar	ncial State	men		
٠1	Total revenue (Form 990, Part VIII, column (A), line 12)	**	1		<u>8,261,</u>	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		7,210,	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		1,051,	
4	Net unrealized gains (losses) on investments		4		<	112.
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8		<u> </u>	
9	Total adjustments (net). Add lines 4 through 8		9			112.
10	Excess or (deficit) for the year per audited financial statements. Combine line	s 3 and 9	10		1,051,	113.
Pai	t XII Reconciliation of Revenue per Audited Financial Sta		nue per R	eturr		
1	Total revenue, gains, and other support per audited financial statements			1	8,842,	087.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•	•			
а	Net unrealized gains on investments	2a	<112.	>		•
ь	Donated services and use of facilities		91,657.			
c	Recovenes of prior year grants	2c		1		
d	Other (Describe in Part XIV.)		39,160.	1 1		
e	Add lines 2a through 2d	20 2	33 / 1000	2e	580	705.
3	Subtract line 2e from line 1			3	8,261,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•	•	-3-	0,201,	302.
•		45				
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)	4a		1 1		
b	•	4b		١. ١		0
c	Add lines 4a and 4b			4c	8,261,	0.
Pai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) It XIII Reconciliation of Expenses per Audited Financial Sta		ancae nar	Betu		304.
	Total expenses and losses per audited financial statements	tements with Exp	enses per	Г Т	7,790,	974
1	·	•		1	1,190,	3/4.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ا ما	91,657.			
a	Donated services and use of facilities		1,057.			
b	Prior year adjustments	2b				
С	Other losses	2c	20 160			
d	Other (Describe in Part XIV)	2d 48	<u>39,160.</u>		F00	015
е	Add lines 2a through 2d	•		_2e_		817.
3	Subtract line 2e from line 1	•		3	7,210,	15/.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				_
C	Add lines 4a and 4b .		•	4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	1.)		5	7,210,	<u> 157.</u>
	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9,					1; Part
	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also			ditional	information.	
PAI	RT X: ASC 740, INCOME TAXES (ASC 740),	PRESCRIBES TH	<u>IE</u>		-	
REC	COGNITION AND MEASUREMENT OF A TAX POSI	TION TAKEN OF	R EXPEC	TED	TO BE	
	·-·· -·· ·					
TAL	KEN IN A TAX RETURN. IT ALSO PROVIDES	GUIDANCE ON I	DERECOG	NIT.	LON,	
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CLA	ASSIFICATION, INTEREST AND PENALTIES, A	CCOUNTING IN	INTERI	M P	ERIODS,	
DIS	SCLOSURE AND TRANSITION. FOR THOSE BEN	EFITS TO BE I	<u>RECOGNI</u>	ZED	, A TAX	
POS	SITION MUST BE MORE-LIKELY-THAN-NOT TO	BE SUSTAINED	UPON E	XAM.	INATION	BY
TAX	ING AUTHORITIES. THE FOUNDATION IMPLE	MENTED ASC 74	0 DURI	NG '	THE YEAR	<u></u>
<u>rni</u>	DED DECEMBER 31, 2009. THE IMPACT OF T	HE IMPLEMENTA			SC 740 W ule D (Form 99	
932054 02-01-	; 10			JJ.,.UU	D (1 OIIII 95	. J ₁ 2000

Schedule D (Form 990) 2009	CAL RIPKEN SR FOUNDATION INC	52-2310500 Page 5
Part XIV Supplemental Info	ormation (continued)	
NOT MATERIAL TO TH	E FOUNDATION'S FINANCIAL STATEMENTS.	
PART XII, LINE 2D	- OTHER ADJUSTMENTS:	
EVENT EXPENSES: 48	9160.	
PART XIII, LINE 2D	- OTHER ADJUSTMENTS:	
EVENT EXPENSES: 48	9160.	
<u> </u>		
		<u> </u>
	<del></del>	

#### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2009

Open To Public Inspection

Internal Revenue Service		Attach to Form 990 or Form 990-E				5		Inspection
Name of the organization								entification number
		KEN SR FOUNDATION					<u>52-2310</u>	
	sing Activities. complete this par	<ul> <li>Complete if the organization answit.</li> </ul>	ered "\	es" to	o Form 990, Part IV, I	line 1	7. Form 990-E2	Z filers are not
1 Indicate whether th	e organization rais	sed funds through any of the follows	ng acti	vities	Check all that apply			
a Mail solicitat	tions	<del></del>			overnment grants			
	email solicitations			-	nment grants			
c Phone solici		g Special	tundra	using	events			
d In-person so		or oral agreement with any individua	l (melu	dina o	fficers directors true	etaae	or	
=		art VII) or entity in connection with p					Yes	s 🗆 No
• • •	· ·	ividuals or entities (fundraisers) purs			<del>-</del>			
compensated at le	east \$5,000 by the	organization.						
			(iii)	Did		(v)	Amount paid	( ) A
(i) Name of in		(ii) Activity	I have c	Did aiser ustody	(iv) Gross receipts	to (o	or retained by) fundraiser	(vi) Amount paid to (or retained by)
or entity (fund	draiser)		or cor contrib	itrol of utions?	from activity		ted in col (i)	organization
			Yes	No				
			<u> </u>					<del>                                     </del>
			ŀ					
								<del> </del>
						-		
			_					
Total .  3 List all states in wh	ich the organizatio	in is registered or licensed to solicit	funds	or has	been notified it is ex	empt	from registrat	on or licensing
	***							
<del></del>						_		
			· .					
		<del></del>					<del></del>	
							<del> </del>	
-								
LHA For Privacy Act a	nd Paperwork Re	duction Act Notice, see the Instru	ctions	for F	orm 990 or 990-EZ.	S	chedule G (For	m 990 or 990-EZ) 2009

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. (b) Event #2 (c) Other events (a) Event #1 (d) Total events GOLF(add col. (a) through ASPIRE GALA TOURNAMENT col. (c)) (total number) (event type) (event type) 251,640 413,524 1,803,203. 1,138,039 Gross receipts 186,820 1,410,077. 2 Less: Chantable contributions 841,639 381,618. 393,126. 296,400 64,820 31,906. 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes 27,882 169,695 5,000. 202,577. Rent/facility costs Food and beverages Entertainment 163,823 38,934 83,826 286,583. Other direct expenses 489,160 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 <96.034.> Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column (d), and line 7 No Yes Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain. Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2009 CAL RIPKEN SR FOUNDATION INC 52-23	<u> 1050</u>	<u>0 Ра</u>	ige 3
			Yes	
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility	<u>%</u>		
t	An outside facility	<u>%</u>		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name	_		
	Address	_		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
t	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
C	If "Yes," enter name and address of the third party.			
	Name	-		
	Address	-		
16	Gaming manager information:			
	<b>.</b>			
	Name	-		
	Co			
	Gaming manager compensation > \$			
	Description of services provided			
	Description of services provided	-		
	·	-		
		-		
	Director/officer Employee Independent contractor			
	Director/officer Employee mdependent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?	17a		
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	170		
-	organization's own exempt activities during the tax year  \$			
	organization of our oxompt dominio during the tax your P			

Schedule G (Form 990 or 990-EZ) 2009

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

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

|--|

▶ Attach to Form 990.

Name of the organization	410	2					Employer identification number
Part   General Information on Grants and Assistance	ation on Grants and Assistance	DATION TINC					22-2310500
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assistance?	istance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the u	rocedures for moni	toring the use of grant	se of grant funds in the United States	States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Check this box if no one recipient than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	Governments an \$5,000. Check th	d Organizations in the s box if no one recipier	e United States. C	omplete if the org an \$5,000 Use Pa	anization answered " art IV and Schedule !-	Yes" to Form 990, Part 1 (Form 990) if additior	: IV, line 21, for any nal space is needed ▶
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government (book, or government of government (book, or government or government (book, or government or government or government (g) Description of (h) Purpose or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance or assistance	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
3-D BASEBALL AT BINFORD MIDDLE SCHOOL - 1701 FLOYD AVENUE - RICHMOND, VA 23220		501(C)(3)	0	5,115,	VMA	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC.
AGAPE COMMUNITY CENTER OF MILWAUKEE, INC 6100 NORTH 42ND STREET - MILWAUKEE, WI 53209	39-1641846	501(C)(3)	18.000,	2,662,	FMV	BASEBALL EQUIPMENT	
ANGELS RIB - B&G CLUB BREA PLACENTIA - YORBA LINDA - 1575 E. 17TH ST SANTA ANA, CA 92672	56-2672203	501(C)(3)	5,000,	5,115,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC.
ATLANTA AFTER-SCHOOL ALL STARS PO BOX 3975 ATLANTA, GA 30302		501(C)(3)	0	1,200.	ΛЯД	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC.
B&G CLUB OF ASSABET VALLEY 212 GREAT ROAD MAYNARD, MA 01754	23-7105393	501(C)(3)	7,500,	6,687.	ЕМV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC,
B&G CLUB OF BUFFALO 282 BABCOCK STREET BUFFALO, NY 14210	16-0849516	501(C)(3)	5,000	o			TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
<ul> <li>Enter total number of section 501(c)(3) and government organizations</li> <li>Enter total number of other organizations</li> </ul>	and government or	ganizations					

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 CAL RIPKEN SR FOUNDATION INC

Page 2

52-2310500

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Part III

(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
				:	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE SU	SUBGRANTEES	ARE	REQUIRED TO SU	SUBMIT	:
QUARTERLY PROGRESS REPORTS TO DESCRIBE	RIBE THE	PROGRAMMING	NG THEY HAVE	VE PROVIDED	
TO THE YOUTH THEY ARE SERVING. TH	THESE PROG	PROGRESS REPORTS	ARE	REVIEWED BY THE	
FOUNDATION'S PROGRAM STAFF AND ANY ISSUES		ARE REVIEW	ARE REVIEWED WITH THE	E SUBGRANTEE.	
IN ORDER TO RECEIVE REIMBURSEMENT	FROM THE	FOUNDATION	N FOR FUNDS	S SPENT ON	
PROGRAMMING, EACH SUBGRANTEE IS RE	REQUIRED TO	SUBMIT A		REIMBURSEMENT REQUEST	
TO THE FOUNDATION. THIS REIMBURSEMENT		REQUEST LISTS	THE FUNDS	SPENT BY	
CATEGORY (PERSONNEL EXPENSES, SUPP)	SUPPLIES, EQ	EQUIPMENT, F	FIELD MAINTENANCE	ENANCE,	
PROGRAM TRAVEL AND PROGRAM ADMINISTRATION)	TRATION)	AND MUST	INCLUDE IN	INVOICE SUPPORT	
932 102 02-02-10		33			Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection OMB No 1545-0047

Employer identification number 52-2310500Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) CAL RIPKEN SR FOUNDATION INC

raiti Communation of dams and Cure Assistance to Governments and Organizations in the Office States (Octobround (10111 990), Factor	Assistance to do	Veriments and Organ		וובח סומובס וחביו	Jane 1 (1 01111 000), 1 at	( n )	
(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
B&G CLUB OF BURLINGTON 6 ARCHIBALD STREET BURLINGTON, VT 05401	03-0179307	501(C)(3)	0	3,514,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF CECIL COUNTY 300 CHERRY STREET NORTH EAST, MD 21901	52-2190263	501(C)(3)	•0	2,307,1	EMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF CHICOPEE 580 MEADOW STREET CHICOPEE, MA 01013	04-2166805	501(C)(3)	15,000,	1,103,	EMV	BASEBALL EQUIPMENT	
B&G CLUB OF COLLIER COUNTY 7500 DAVID BLVD NAPLES, FL 34104	65-0279110	501(C)(3)	25,000,	10,317,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF DORCHESTER-COL, DANIEL MARR - 1135 DORCHESTER AVE, - DORCHESTER, MA 02125	23_7076465	501(C)(3)	10,000,	450,1	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF GREATER BILLERICA, INC 19 CAMPBELL RD BILLERICA, MA 01821	23-7106468	501(C)(3)	17,500.	2,853,	VMY	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF GREATER KANSAS CITY 6301 ROCKHILL RD., SUITE 303 KANSAS CITY, MO 64131	43-6072065	501(C)(3)	5,000	4,000	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF GREATER LOWELL 657 MIDDLESEX ST. LOWELL, MA 01851	04-2104396	501(C)(3)	.000,25	150,FMV		BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1 (Form 990) Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047
2009
Open to Public
Inspection

Internal Revenue Service		2000	are in the original soup, i			: .	Inspection
Name of the organization CAL RIPKEN	IN SR FOUNDATION	DATION INC				Employe 5	Employer identification number $52-2310500$
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	izations in the U	nited States (Sche	edule I (Form 990), Par	-	
(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
B&G CLUB OF GREATER LYNCHBURG 1101 MADISON STREET LYNCHBURG, VA 24504	20-0199894	501(C)(3)	20,000,	2,260,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF GREATER MILWAUKEE - MARY RYAN UNIT - 1558 N. 6TH ST MILWAUKEE, WI 53212	39-0806292	501(C)(3)	14,548,	3,599,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF GREATER SCOTTSDALE 10515 E. LAKEVIEW DR. SCOTTSDALE, AZ 85258	86-0133718	501(C)(3)	23,861,	3,828,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF GREATER SCOTTSDALE 10515 E. LAKEVIEW DR. SCOTTSDALE, AZ 85258	86-0133718	501(C)(3)	25,934,	0	FMV	BASEBALL EQUI PMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF GREATER WESTFIELD, INC 28 WEST SILVER ST WESTFIELD, MA 01085	04-2464259	501(C)(3)	7,000,7	3,722,	LΜΛ	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF HARFORD COUNTY 25 UNION ST. WESTMINSTER, MD 21157	52-1701612	501(C)(3)	0	2,288,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT FURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF LYNN 25 NORTH COMMON LYNN, MA 01902		501(C)(3)	10,000.	1,448,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF MATTHEWS DICKEY 4245 NORTH KINGS HIGHWAY ST, LOUIS, MO 63115		501(C)(3)	0	5,047,FMV		BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC

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

Schedule I-1 (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE I-1 (Form 990)

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-5047
2009
Open to Public
Inspection

Employer identification number 52-2310500

CAL RIPKEN	SR	FOUNDATION INC				5	52-2310500
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Orgar	izations in the Ur	nited States (Sche	dule I (Form 990), Par	<b>τ</b>    )	
(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
B&G CLUB OF MAUI 100 KANALOA AVE. KAHULUI, HI 96732		501(5)(3)	23,310.	0			TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF MILWAUKEE-DON AND SALLIE - 1975 SOUTH 24TH STREET - MILWAUKEE, WI 53204		501(C)(3)	18,000,	3,774,FMV	ΔÑ	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT FURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF MISSISSIPPI DELTA P.O. BOX 1617 YAZOO CITY, MS 39194	-	501(C)(3)	36,536,	2,303,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF NORTHERN NECK P.O. BOX 564 KILMARNOCK, VA 22482		501(C)(3)	10,000.	1,405,	ЕМУ	BASEBALL EQUI PMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF NORTHTOWNS 325 FRANKLIN STREET TONAWANDA, NY 14150		501(C)(3)	ô	3,047,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT FURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF OPRAH WINFREY 500 KNOX ROAD KOSCIUSKO, MS 39090		501(C)(3)	16,847,	3,040.	PMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF RUTLAND COUNTY PO BOX 636 RUTLAND, VT 05702		501(C)(3)	7,500.	3,514.	PM.	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
150 BYRON ST.  EAST BOSTON, MA 02128  LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	uction Act Notice	501(C)(3)	7, 389.	2,705.	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC Schedule 1-1 (Form 990) 2009

Department of the Treasury Internal Revenue Service
Name of the organization SCHEDULE I-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public Inspection

Employer identification number

CAL RIPKEN	N SR FOUNDATION	DATION INC				Employe	employer identification number 52-2310500
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		
(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
B&G CLUB OF SAN ANTONIO 600 SW 19TH ST. SAN ANTONIO, TX 78207	74-1109637	501(C)(3)	0	3,347,	PMV	BASEBALL EQUIPMENT	25-1206970 TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF SNOHOMISH CO. 4322 RUCKER AVE. EVERETT, WA 98203	91-0549511	501(C)(3)	165,000.	10,147	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF SOUTHEAST VIRGINIA 3415 AZALEA GARDEN ROAD NORFOLK, VA 23513	54-0515764	501(C)(3)	9,954,	2,489,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF SPRINGFIELD, MA 481 CAREW ST. SPRINGFIELD, MA 01104	04-1858620	501(C)(3)	12,500,	1,961,	Λ₩Δ	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF THE LOWER NAUGATUCK VALLEY - P.O. BOX 209 - SHELTON, CT 06484	06-0653185	501(C)(3)	143,661,	5,418,	AA.	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC.
B&G CLUB OF UNION LEAGUE 65 WEST JACKSON BLVD. CHICAGO, IL 60622		501(C)(3)	24,311,	1,417,	∧ма	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF VA PENINSULA 11825 ROCK LANDING DR. NEWPORT NEWS, VA 23606	54-0538202	501(C)(3)	35,000,	7,274	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
B&G CLUB OF WATERVILLE 126 NORTH ST. WATERVILLE, ME 04901	01-0344605	501(C)(3)	64,747.	12,515,FMV	W	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC

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

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1 (Form 990)
Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047 2009 Open to Public

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URPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR O FURTHER THE EXEMPT O FURTHER THE EXEMPT O FURTHER THE EXEMPT O FURTHER THE EXEMPT O FURTHER THE EXEMPT O FURTHER THE EXEMPT TO FURTHER THE EXEMPT (h) Purpose of grant or assistance OUNDATION INC OUNDATION INC OUNDATION INC OUNDATION INC 52-2310500 OUNDATION 4-0564901 4-0564901 (g) Description of non-cash assistance COUIPMENT QUIPMENT QUIPMENT COULPMENT **SOUI PMENT** QUIPMENT BASEBALL BASEBALL BASEBALL BASEBALL SASEBALL BASEBALL Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, FMV ¥. Ŧĸ FMV 2,176,FMV Ξĸς 672, .775. 4,005, 2,139. 1,363, (e) Amount of assistance non-cash 16 9,236, o (d) Amount of cash grant 19,690 20,000, 971 17,810 SR FOUNDATION INC (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 04-2105827 25-1206970 04-2301953 61-0568789 04-2105851 52-6000769 (p) EIN CAL RIPKEN RECREATION AND PARKS - 3001 EAST B&G CLUB OF WEST SPRINGFIELD PROGRAM - 5432 BUTLER STREET BALTIMORE CITY DEPARTMENT OF (a) Name and address of organization or government B&G CLUB OF WESTERN PA- RBI WEST SPRINGFIELD, MA 01089 BALTIMORE ORIOLES LIMITED DRIVE, DRUID HILL PARK 1 CHARLES GARDNER LANE B&G CLUB OF WORCESTER PITTSBURGH, PA 15201 LOUISVILLE, KY 40206 BALTIMORE, MD 21217 WORCESTER, MA 01610 B&GC OF KENTUCKIANA Name of the organization B&G CLUB OF WOBURN 1519 STORY AVENUE WOBURN, MA 01801 65 TAINTER ST. 615 MAIN ST

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44-3778436 501(C)(3)

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Schedule I-1 (Form 990) 2009

URPOSE OF CAL RIPKEN SR

FOUNDATION INC

COUIPMENT

3.047, FMV

10,000

BASEBALL

TO FURTHER THE EXEMPT

URPOSE OF CAL RIPKEN SR

OUNDATION INC

BASEBALL SQUIPMENT

FMV

115,

52-1837282

PARTNERSHIP - 333 WEST CAMDEN ST.

- BALTIMORE, MD 21201

BATTER-UP FOUNDATION 16107 EDENWOOD DRIVE

BOWIE, MD 20716

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 Open to Public

Inspection

**Employer identification number** 52-2310500

Schedule I-1 (Form 990) 2009 URPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT O FURTHER THE EXEMPT O FURTHER THE EXEMPT TO FURTHER THE EXEMPT O FURTHER THE EXEMPT (h) Purpose of grant or assistance POUNDATION INC OUNDATION INC (g) Description of non-cash assistance OUIPMENT SQUIPMENT QUIPMENT COUIPMENT COULPMENT COUIPMENT **SQUIPMENT** EQUIPMENT BASEBALL BASEBALL BASEBALL BASEBALL BASEBALL BASEBALL BASEBALL BASEBALL Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (book, FMV, appraisal, other) (f) Method of valuation 5,721, FMV 3 117 FMV 3,117, FMV 5,480, FMV 3,117, FMV 300 FMV 4.986, 3,117, (e) Amount of non-cash assistance 80 000 15,000, 16,813, 000 (d) Amount of cash grant 47,397 16,968 17,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. FOUNDATION INC (c) IRC section if applicable 64-0331635 501(C)(3) 501(C)(3) 23-7252343 501(C)(3) 501(C)(3) 501(C)(3) 501(c)(3)501(C)(3) 501(C)(3) 56-1803125 54-0564901 56-0927694 31-1516947 56-2142829 (p) EIN SRCAL RIPKEN BGC OF MS BAND OF CHOCTAW INDIANS (a) Name and address of organization or government BGC OF HENDERSON COUNTY, NC BGC OF CENTRAL MISSISSIPPI BGC OF WASHINGTON COUNTY HENDERSONVILLE, NC 28792 BGC OF COASTAL CAROLINA 5511 STAPLES MILL ROAD PHILADELPHIA, MS 39350 MORHEAD CITY, NC 28557 BGC OF METRO RICHMOND WINTERVILLE, NC 28590 1450 WEST CAPITOL ST. 621 W FIRE TOWER ROAD 3321 BRIDGES STREET BGC OF TRANSYLVANIA FREDERICK, MD 21701 BGC OF PITT COUNTY RICHMOND, VA 23228 JACKSON, MS 39203 BREVARD, NC 28712 **413 BURKE STREET** 1304 ASHE STREET P.O. BOX 6010 PO BOX 1359

SR

Department of the Treasury Internal Revenue Service SCHEDULE I-1 Form 990

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

Employer identification number

52-2310500

Name of the organization

SR FOUNDATION INC CAL RIPKEN

SR  $\mathbf{SR}$ URPOSE OF CAL RIPKEN SR  $\mathbf{SR}$ PURPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN URPOSE OF CAL RIPKEN URPOSE OF CAL RIPKEN O FURTHER THE EXEMPT O FURTHER THE EXEMPT O FURTHER THE EXEMPT TO FURTHER THE EXEMPT O FURTHER THE EXEMPT O FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT (h) Purpose of grant or assistance OUNDATION INC COUNDATION INC OUNDATION INC POUNDATION INC OUNDATION INC FOUNDATION INC OUNDATION INC OUNDATION INC (g) Description of non-cash assistance QUIPMENT QUIPMENT QUIPMENT QUIPMENT COUIPMENT QUIPMENT OUIPMENT COUIPMENT BASEBALL BASEBALL BASEBALL SASEBALL BASEBALL BASEBALL BASEBALL BASEBALL Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II ) appraisal, other) (f) Method of valuation (book, FMV, FMV Š 3 514 FMV FMV Ę Ē ξ 3,514, FMV 6 281. 279 300 672. 6,615, 2,762, (e) Amount of non-cash assistance o 10,000, 7,500, 8,682, 7 500 (d) Amount of cash grant 26,402 10,000 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 03-0359691 501(C)(3) 501(c)(3)01-0211543 59-1742902 03-0309528 04-2103923 04-2103792 04-3273141 (p) EIN INC - 17 FLAT ST - BRATTLEBORO, VT HOLYOKE - P.O.BOX 6255 - HOLYOKE, BOYS & GIRLS CLUB OF BRATTLEBORO BOB GILBERTSON CENTRAL CITY YMCA BOYS & GIRLS CLUB METRO ATLANTA BOYS & GIRLS CLUB OF FALL RIVER BOYS & GIRLS CLUB OF CAPE COD BOYS & GIRLS CLUB OF GREATER VERGENNES INC - PO BOX 356 -BOYS & GIRLS CLUB OF GREATER (a) Name and address of organization or government 99 EDGEWOOD AVENUE, N.E. 31 FRANK E. HICKS DRIVE FALL RIVER, MA 02723 VERGENNES, VT 05491 BGC SOUTHERN MAINE PORTLAND, ME 04112 ATLANTA, GA 30303 MASHPEE, MA 02649 TAMPA FL 33602 803 BEDFORD ST. 110 E OAK AVE PO BOX 7830 MA 01041 05301

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Schedule I-1 (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-b047 2009 Open to Public

Inspection

Employer identification number 52-2310500

URPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR O FURTHER THE EXEMPT O FURTHER THE EXEMPT O FURTHER THE EXEMPT O FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT O FURTHER THE EXEMPT (h) Purpose of grant or assistance OUNDATION INC FOUNDATION INC OUNDATION INC OUNDATION INC OUNDATION INC OUNDATION INC OUNDATION INC OUNDATION INC (g) Description of non-cash assistance QUIPMENT QUIPMENT QUIPMENT COULPMENT QUIPMENT QUIPMENT **EQUIPMENT** OUIPMENT BASEBALL BASEBALL SASEBALL BASEBALL BASEBALL BASEBALL BASEBALL BASEBALL Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) appraisal, other) (f) Method of valuation (book, FMV, Š Š 3 Ē  $\geq$ Š 2,455,FMV 275. 773, 302, 310 3,117, 3,117 3,347, (e) Amount of non-cash assistance 863, (d) Amount of cash grant 11,224 22,000 16,852 13,094 10,000 12,500 o, SR FOUNDATION INC (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(c)(3)501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 56-0934910 74-1152598 23-1966756 (p) EIN CAL RIPKEN COUNTY - 673 POTOMAC STATION DRIVE BOYS & GIRLS CLUB OF LAREDO TEXAS BOYS & GIRLS CLUB OF PHILADELPHIA EDGECOMBE COUNTIES - PO BOX 1622 BOYS AND GIRLS CLUB OF ANNAPOLIS BOYS & GIRLS CLUB OF SANFORD LEE BOYS & GIRLS CLUBS OF METROWEST BOYS AND GIRLS CLUB OF GREATER BOYS & GIRLS CLUBS OF LOUDOUN DALLAS - 4816 WORTH STREET -(a) Name and address of organization or government COUNTY INC - PO BOX 2027 -BOYS & GIRLS CLUB OF NASH/ 121 SOUTH VILLA AVENUE PHILADELPHIA, PA 19102 ROCKY MOUNT, NC 27802 MA 01752 - LEESBURG VA 20176 169 PLEASANT STREET ANNAPOLIS, MD 21401 SANFORD, NC 27331 LAREDO TX 78040 DALLAS, TX 75246 1518 WALNUT ST. 500 MOCTEZUMA MARLBOROUGH

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Schedule I-1 (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

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

Schedule I-1 (Form 990) 2009 PURPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT (h) Purpose of grant or assistance **Employer identification number** FOUNDATION INC OUNDATION INC POUNDATION INC OUNDATION INC OUNDATION INC POUNDATION INC POUNDATION INC FOUNDATION INC 52-2310500 (g) Description of non-cash assistance SOUIPMENT SQUIPMENT COUIPMENT QUIPMENT COUIPMENT OUIPMENT **SQUIPMENT** EQUIPMENT BASEBALL BASEBALL BASEBALL BASEBALL SASEBALL BASEBALL BASEBALL BASEBALL Part | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (book, FMV, appraisal, other) (f) Method of valuation EΜV FXV FMV PMV 3,047, FMV 3,647, FMV 3,117, FMV 2.178, FMV 3 347 3,178, 8.597. 3,117, (e) Amount of non-cash assistance 0, ା Ö (d) Amount of cash grant 17,000 40,000 49,926 17,000 20,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. INC (c) IRC section if applicable FOUNDATION 501(C)(3) 501(C)(3) 01(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 56-1943784 04-3474114 59-0624368 26-4371125 20-3900724 56-0863051 (p) EIN SR CAL RIPKEN BOYS AND GIRLS CLUB OF READING AND BOYS AND GIRLS CLUBS OF TAMPA BAY BALTIMORE - 11 WEST MOUNT VERNON BOYS AND GIRLS CLUB OF THE LOWER MERRIMACK VALLEY INC - 18 MAPLE - P.O. BOYS AND GIRLS CLUB OF SYRACUSE BOX 2067 - LUMBERTON, NC 28359 BRAGG HILL FAMILY LIFE CENTER, INC - 1307 NORTH MACDILL AVE. BOYS AND GIRLS CLUB OF METRO BOYS CLUB OF WAKE COUNTY INC (a) Name and address of organization or government BERKS - 1161 PERSHING BLVD. PLACE - BALTIMORE, MD 21046 INC. - 400 BRAGG HILL DR. ST, - SALISBURY, MA 01952 LUMBERTON/ROBESON COUNTY 2100 EAST FAYETTE STREET FREDERICKSBURG, VA 22401 701 NORTH RALEIGH BLVD. BOYS AND GIRLS CLUB OF Name of the organization SYRACUSE, NY 13224 READING PA 19611 RALEIGH, NC 27610 TAMPA, FL 33607

Department of the Treasury Internal Revenue Service SCHEDULE I-1 (Form 990)

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

Employer identification number 52-2310500

URPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT O FURTHER THE EXEMPT O FURTHER THE EXEMPT O FURTHER THE EXEMPT O FURTHER THE EXEMPT (h) Purpose of grant or assistance OUNDATION INC OUNDATION INC OUNDATION INC OUNDATION INC OUNDATION INC (g) Description of non-cash assistance QUIPMENT QUIPMENT QUIPMENT **EQUIPMENT SQUIPMENT** BASEBALL BASEBALL BASEBALL BASEBALL BASEBALL Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) valuation (book, FMV, appraisal, other) (f) Method of FMV ΡM Ž 5.196, FMV 300 5,625, 3,047, 3.047 (e) Amount of non-cash assistance 5 000 (d) Amount of cash grant SR FOUNDATION INC (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 20-0421577 36-3719918 (p) EIN CAL RIPKEN INC. - P.O. BOX 357 - SOUTH CENTER - 1100 EAST FAYETTE STREET CARMELO ANTHONY YOUTH DEVELOPMENT BRIDGEPORT CARIBE YOUTH LEAGUE CARIBE BASEBALL LITTLE LEAGUE CHILDREN'S OUTING ASSOCIATION (a) Name and address of organization or government CHICAGO WHITE SOX CHARITIES - BALTIMORE, MD 21202 CARROLL PARK BASEBALL BRIDGEPORT, CT 06610 333 W. 35TH STREET CHICAGO, IL 60616 HANOVER, MD 21076 6064 ADCOCK LANE BRONX, NY 10457 8 ESSEX STREET SPORT,

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56-6001226

FAYETTEVILLE, NC 28301

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Schedule I-1 (Form 990) 2009

URPOSE OF CAL RIPKEN SR

FOUNDATION INC

EQUIPMENT

3,117,FMV

17,000

BASEBALL

TO FURTHER THE EXEMPT

URPOSE OF CAL RIPKEN SR

OUNDATION INC

**QUIPMENT** 

5,115,

501(C)(3)

31-1790195

BASEBALL

TO FURTHER THE EXEMPT

URPOSE OF CAL RIPKEN SR

OUNDATION INC

QUIPMENT

172 FMV

16,425

501(C)(3)

39-0806339

CINCINNATI REDS COMMUNITY FUND

CINCINNATI, OH 45202

100 MAIN ST.

CITY OF FAYETTEVILLE

433 HAY STREET

909 EAST NORTH AVENUE

MILWAUKEE, WI 53212

BASEBALL

Department of the Treasury internal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

**Employer identification number** 

URPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT O FURTHER THE EXEMPT O FURTHER THE EXEMPT O FURTHER THE EXEMPT (h) Purpose of grant or assistance TOUNDATION INC OUNDATION INC OUNDATION INC OUNDATION INC POUNDATION INC 52-2310500 (g) Description of non-cash assistance **EQUIPMENT** COUIPMENT **SQUIPMENT** COUIPMENT QUIPMENT SASEBALL BASEBALL SASEBALL BASEBALL BASEBALL Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation appraisal, other) (book, FMV, ΕMΛ 5,912, FMV 3,347, FMV 1,590,FMV 3,117, FMV 529 (e) Amount of non-cash assistance ö o. (d) Amount of cash grant 11,215, 14,540, 17,000, SR FOUNDATION INC (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3)84-1178557 20-2418324 56-6024012 56-0636247 (p) EIN CAL RIPKEN COACH POWE COMMUNITY FOUNDATION CITY OF LAUREL - PARKS AND REC. FOUNDATION - 2001 BLAKE STREET 4600 w. NORTHGATE DRIVE. #79 (a) Name and address of organization or government DEPT. (MS) - P.O. BOX 647 -INC. - 113 COLONIAL DRIVE -COMMUNITY BOYS & GIRLS CLUB CO ROCKIES BASEBALL CLUB COLLEGE OF THE ALBEMARLE ELIZABETH CITY, NC 27906 WILMINGTON, NC 28401 DALLAS RBI & JR. RBI CLEVELAND, MS 38732 Name of the organization LAUREL, MS 39440 DENVER, CO 80205 901 NIXON STREET 1208 N. ROAD ST.

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52-0780207 501(C)(3)

Schedule I-1 (Form 990) 2009

PURPOSE OF CAL RIPKEN SR

POUNDATION INC

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BASEBALL

TO FURTHER THE EXEMPT

PURPOSE OF CAL RIPKEN SR

POUNDATION INC

SQUI PMENT

5,115,FMV

5,000,

BASEBALL

PURPOSE OF CAL RIPKEN SR

OUNDATION INC

SQUIPMENT

3.047.

501(C)(3)

65-0912375

FOUNDATION - 2267 DAN MARINO BLVD.

FL 33056

- MIAMI

FLORIDA MARLINS COMMUNITY

IRVING, TX 75062

GIRL SCOUTS OF CENTRAL MARYLAND

INC - 4806 SETON DRIVE

BALTIMORE, MD 21215

SASEBALL

TO FURTHER THE EXEMPT

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection OMB No 1545-0047 2009

Employer identification number

52-2310500 Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) CAL RIPKEN SR FOUNDATION INC Name of the organization

Part I Continuation of Grants and Other Assistance to Governments	Assistance to Go	vernments and Organ	izations in the Ur	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II)	n    )	
(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
GRACELAND PARKS-O'DONNEL HEIGHTS ELEMENTARY/MIDDLE SCHOOL - 6300 O'DONNELL ST BALTIMORE, MD 21224	52-2064235		0	300	\AX.	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
GULFPORT POLICE ATHLETIC LEAGUE 2410 34TH AVE. GULFPORT, MS 39501	20-0823995	501(C)(3)	15,000,	5,572,1	ΔИД	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
HAMPDEN COUNTY SHERIFF'S DEPARTMENT - 627 RANDALL RD LUDLOW, MA 01056	12-3412341		7,986,	3,382,	∆₩.Z	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
HARLEM RBI, INC. 333 EAST 100TH ST. NEW YORK, NY 10029	13-4025290	501(C)(3)	0	5,715,	ΛÆJ	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
HOUSTON RBI BOOSTER CLUB, INC. 6710 INDIAN LAKE MISSOURI CITY, TX 77489	56-2359045	501(C)(3)	0	3,047,1	ЕМУ	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
INDIANA AMATEUR BASEBALL ASSOCIATION - 7160 ZIONSVILLE ROAD - INDIANAPOLIS, IN 46268	31-1032580	501(C)(3)	0	3,047,	VMS	BASEBALL EQUI PMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
JACKIE ROBINSON BASEBALL LEAGUE, INC 114 TRENT CIRCLE - GREENVILLE, NC 27834	58-1995629	501(C)(3)	0,	4,886	, ,	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
KENNEDY KRIEGER FOUNDATION INC 707 N BROADWAY BALTIMORE, MD 21205	52-1734695	501(C)(3)	0	300, FMV	ΛK	BASEBALL EQUIPMENT	

Schedule I-1 (Form 990) 2009

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

(Form 990)
Department of the Treasury
Internal Revenue Service
Name of the organization SCHEDULE I-1

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047
2009
Open to Public Inspection

Internal Revenue Service		2000	. (,				IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Name of the organization  CAL RIPKEN SR FOUNDATION	N SR FOUR	DATION INC				Employe 5	Employer identification number $52-231050$
Part I   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Orga	nizations in the Ur	nited States (Sche	idule I (Form 990), Par		
(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
LAUREL RED CROSS (MS) P.O. BOX 2913 LAUREL, MS 39442		501(C)(3)	15,000	4,149,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
M.O.S.E.L.F. INC. P.O. BOX 1541 HARRISBURG, PA 17105		501(C)(3)	4,998,	*0			TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
MAJOR LEAGUE BASEBALL CHARITIES, INC 245 PARK AVENUE - NEW YORK, NY 10167	13-3348589	501(C)(3)	0	34,113,	ЕМО	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
MEDFIELD HEIGHTS ELEMENTARY SCHOOL 4300 BUENANAN AVE. BALTIMORE, MD 21211.			0.	2,439,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
MEMPHIS REDBIRDS BASEBALL FOUNDATION - 175 TOYOTA PLAZA - MEMPHIS, TN 38103	62-1702749	501(C)(3)	0	3,047.	AMA	BASEBALL EQUIPMENT	
METROPOLITAN JUNIOR BASEBALL LEAGUE - 908 NORTH CONCORD AVENUE - RICHMOND, VA 23227	52-1219409	501(¢)(3)	0	2,600	Λ₩.	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
MIDDLESEX COUNTY SHERIFF'S DEPARTMENT - 400 MYSTIC AVE, - MEDFORD, MA 02155	04-6002284		20,000.	1,650.	FΜV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
MINNESOTA TWINS COMMUNITY FUND H.H.H. METRODOME, 34 KIRBY PUCKETT MINNEAPOLIS, MN 55415	41-1697280	501(C)(3)	0	3,047,EMV	WY	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC

MINNEAPOLIS, MN 55415 | 41-169/200 PULLY | 41-169/200 PULLY | 1997 | 1990. | LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I-1 (Form 990) 2009

SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

CINIDO:	FOUNDATION INC				Employe 5	Employer identification number 52-2310500
to Gove	ernments and Organ	izations in the Ur	nited States (Sch	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)		
(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
<u>5</u>	01(¢)(3)	2,697,	5,021,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
01-0781452 50	01(c)(3)	5,000,	3,047.	PMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
39-0806269 50	01(C)(3)	17,566,	2,173,	FMV	BASEBALL EQUIPMENT	
57-1150135 50	01(C)(3)	,000,5	0			TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
39-0984402 50	01(C)(3)	15,690,	2,135	PMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
		0	3.047		BASEBALL EQUIPMENT	
23-1994699		.0	5,115,	FMV	BASEBALL EQUIPMENT	THE EXEMPT CAL RIPKEN INC
04-6001271	see the Instructions	20,901, for Form 990.	2,698,		BASEBALL EQUI PMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC Schedule I-1 (Form 990) 2009
.452 .269 .209 .271	<u> </u>	501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3)	2 2 20 20 uctions for Form 99	2, 697, 5, 021, 5, 000, 3, 047, 5, 000, 0, 3, 047, 15, 690, 2, 135, 115, 690, 5, 115, 115, 115, 115, 115, 115, 115,	2,697, 5,021,FM 5,000, 3,047,FM 5,000, 0, 3,047,FM 15,690, 2,135,FM 0, 3,047,FM 20,901, 2,698,FM	2, 697, 5, 021, FMV E E E 2, 000, 3, 047, FMV E E E E E E E E E E E E E E E E E E E

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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 Schedule I (Form 990), Part II or Part III.

OMB No. 1545-5047
2009
Open to Public Inspection

Open t Inspectioner identification num

Employer identification number 52-2310500

CAL RIPKEN	N SR FOUNDATION	DATION INC				5.2	52-2310500
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa	r II.)	
(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
POLICE ACTIVITIES LEAGUE OF CHARLOTTE MECKLENBURG - 812 OAKLAWN - CHARLOTTE, NC 28206	56-2012490		16,982.	3,417,0	ARA	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR
RED SOX FOUNDATION 4 YAWKEY WAY BOSTON, MA 02215	33-1007984	501(C)(3)	25,000.	6,757,	νων	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
SALVATION ARMY OF GASTON COUNTY 107 SOUTH BROAD STREET GASTONIA, NC 28052	58-0660607	501(C)(3)	16,965,	3,117,	AKJ	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDAIION INC
SEA RESEARCH FOUNDATION 55 COOGAN BOULEVARD MYSTIC, CT 06355	06-1480300	501(C)(3)	49,874,	0			TO FURTHER THE EXEMPT FURPOSE OF CAL RIPKEN SR FOUNDATION INC
SOUTH BRIDGE LITTLE LEAGUE 464 DENNISON DRIVE SOUTHBRIDGE, MA 01550	26-0035805		0	300.	NA.Z	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
SOUTH END YOUTH ATHLETIC ASSOCIATION - 221 BROCK AVE, - NEW BEDFORD, MA 02744	04-3053210	501(C)(3)	9, 253,	5,721,	FMV	BASEBALL EQUIPMENT	
SPOTSYLVANIA COUNTY SHERIFF'S OFFICE - 9101 COURTHOUSE ROAD - SPOTSYLVANIA, VA 22553	54-6001622		4,880,	1,164,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
SPOTSYLVANIA FAMILY AREA YMCA 5700 SMITH STATION RD FREDERICKSBURG, VA 22407	54-0965826	501(C)(3)	0	600, EMV	NA.	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC

ENERGEAL CASE OF A SECOND OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF THE LANGE OF TH

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Schedule I-1 (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 Open to Public Inspection

Employer identification number

CAL RIPKEN	N SR FOUNDATION	DATION INC				500	52-2310500
Part   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Scho	edule I (Form 990), Par	(II)	
(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
STAFFORD COUNTY SHERIFF'S OFFICE P.O. BOX 189 STAFFORD, VA 22555	54-6001626		15,000	1,413,	AMA.	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT FURPOSE OF CAL RIPKEN SR FOUNDATION INC
SUPER LEADERS, INC. 2127 G STREET WASHINGTON, DC 20052	52-1791312	501(C)(3)	20,000,	5, 371,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
THE SALVATION ARMY BGC OF DAVIDSON COUNTY - 10 PINE STREET - THOMASVILLE, NC 27360	56-0543227	501(C)(3)	0	*009	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
THE SALVATION ARMY BGC, DURHAM 810 N. ALSTON ST. DURHAM, NC 27701	58-0660607	501(C)(3)	16,935,	3,117,	∆W.d	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
THE SALVATION ARMY BOYS AND GIRLS CLUBS OF GREENSBORO - 1311 S.  EUGENE STREET - GREENSBORO, NC 27406	58-0660607	501(C)(3)	16,205,	3,117,	ΔW.Z	BASEBALL EQUIPMENT	
THE SALVATION ARMY- WINSTON SALEM 130-A STRATFORD COURT. WINSTON SALEM, NC 27103	58-0660607	501(C)(3)	16,978,	3,117,	FMV	BASEBALL EQUI PMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
TOWN OF WELDON 109 WASHINGTON WELDON, NC 27890			14,999,	3,117,	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT FURPOSE OF CAL RIPKEN SR FOUNDATION INC
TUNICA COUNTY RECREATION COMMISSION - P.O. BOX 639 - TUNICA, MS 38676	N e		15,000.	3,050, FMV	FMV	BASEBALL EQUIPMENT	TO FURTHER THE EXEMPT PURPOSE OF CAL RIPKEN SR FOUNDATION INC
LHA FOR PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE, SEE THE INST	uction Act Notice	, see the instructions	ructions for Form 990.				Schedule I-1 (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 Open to Public

Inspection

Employer identification number 52-2310500

SR FOUNDATION INC

CAL RIPKEN

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Schedule I-1 (Form 990) 2009 PURPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT (h) Purpose of grant or assistance POUNDATION INC FOUNDATION INC OUNDATION INC OUNDATION INC OUNDATION INC OUNDATION INC OUNDATION INC POUNDATION INC (g) Description of non-cash assistance **EQUIPMENT EQUIPMENT** QUIPMENT QUIPMENT QUIPMENT QUIPMENT COUIPMENT QUIPMENT BASEBALL BASEBALL BASEBALL BASEBALL BASEBALL BASEBALL BASEBALL BASEBALL Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (book, FMV, appraisal, other) (f) Method of valuation FMV FWV FΜV 4 097, FMV 6,432,FMV 672, FMV 3 514 FMV 3,168,FMV 4,293, 4,300, 8,927, (e) Amount of non-cash assistance 7.468. Ö (d) Amount of cash grant 12,401 18,000 23,501 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3)501(C)(3) 501(C)(3) 501(c)(3)501(C)(3) 04-2103927 03-0262162 37-1534725 39-1146191 04-2105825 20-8262614 (p) EIN BUREAU AND BOYS & GIRLS CLUB - P. O, BOX 626 - MONTPELIER, VT 05601 WEST END HOUSE BOYS & GIRLS CLUB WASHINGTON COUNTY YOUTH SERVICE UNITED COMMUNITY CENTER, INC. (a) Name and address of organization or government WAYNE GOMES YOUTH BASEBALL WALTHAM BOYS & GIRLS CLUB WILLISTON LITTLE LEAGUE 1028 SOUTH 9TH STREET MILWAUKEE, WI 53204 WILLISTON, VT 05495 5104 WEST CREEK CT. WATERBURY, CT 06704 20 EXCHANGE STREET 64 DIVISION STREET 40 HILLCREST LANE 4 RIVERSIDE DRIVE SUFFOLK, VA 23435 WALTHAM, MA 02451 ALLSTON MA 02134 UTICA, NY 13502 105 ALLSTON ST. WATERBURY PAL Parti UTICA

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Department of the Treasury Internal Revenue Service SCHEDULE 1-1 Form 990)

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

Employer identification number 52-2310500

URPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR PURPOSE OF CAL RIPKEN SR URPOSE OF CAL RIPKEN SR TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT (h) Purpose of grant or assistance OUNDATION INC OUNDATION INC OUNDATION INC OUNDATION INC OUNDATION INC OUNDATION INC OUNDATION INC (g) Description of non-cash assistance COUIPMENT SASEBALL Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation 300, ᅴ 0 Ö ċ 히 (e) Amount of assistance o 3,200 (d) Amount of cash grant 258,095 77,435 10,280 78,471 106,881 CAL RIPKEN SR FOUNDATION INC (c) IRC section if applicable 501(C)(3)501(C)(3) 501(C)(3) 501(C)(3) 52-0591699 65-0279110 26-4371125 54-0564901 80-1205223 (p) EIN ROOM 203 20 SOUTH CHARLES STREET, 6TH FLOOR RICHMOND - 5511 STAPLES MILL ROAD, BALTIMORE - 11 WEST MOUNT VERNON ZEBULON 6T MAGNET MIDDLE SCHOOL SUITE 301 - RICHMOND, VA 23228 SPRINGSPIRIT BASEBALL PROGRAM (a) Name and address of organization or government BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. -PLACE - BALTIMORE, MD 21201 BOYS & GIRLS CLUB OF METRO BOYS & GIRLS CLUB OF METRO 715 PRINCESS ANNE STREET, 5120 WOODWAY, SUITE 6002 YMCA OF CENTRAL MARYLAND FREDERICKSBURG, VA 22401 1000 SHEPARD SCHOOL RD CITY OF FREDERICKSBURG BALTIMORE, MD 21201 ZEBULAR, NC 27597 TX 77056 NAPLES, FL 34104 HOUSTON Part

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

Schedule I-1 (Form 990) 2009

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### SCHEDULE J (Form 990)

# **Compensation Information**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

CAL RIPKEN SR FOUNDATION INC

Employer identification number 52-2310500

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	·			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		_X_
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.			
а	The organization?	5a		X
b	Any related organization?	5b		<u>X</u>
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			••
а	The organization?	6a		<u>X</u>
b	Any related organization?	6b		<u> </u>
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
_	not described in lines 5 and 6? If "Yes," describe in Part III	7_	Х	
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	8		<u>X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2009

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

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

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

	(B)	Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	( <u>0</u> )	(E)	(F)
(A) Name	00	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation		Total of columns (B)(i)·(D)	Compensation reported in prior Form 990 or Form 990-EZ
) Nation Mandages	$\perp \perp$	237,020.		5,813.	4,302.	4,006.	251,141.	
омпем	(1)	181,201.			5,893.	3,957.	191,051.	
CHARLES BRADY (i					i 1			
	(3)	147,478.			5,250.	3,683.	156,411.	
CARRIE LEBOW (i	iii							
	=							
i)	(ii)							
9	Ξ							
(i)	(ii)							
1)	(i)							
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Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

### **SCHEDULE J-2**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Continuation Sheet for Form 990**

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

Open to Public Inspection

OMB No 1545-0047

Name of the Organization

CAL RIPKEN SR FOUNDATION INC

Employer Identification number 52-2310500

CAL RIPKE									52-231	
Part I Continuation of Officers, Di	rectors, Tr	ust	ees	s, K	ey	Em	ıplo	yees, and Highes	t Compensated I	Employees
(A)	(B)			(0	2)			(D)	(E)	(F)
Name and title	Average			Pos		ı		Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per	È	Ī			Ė	<u> </u>	from	from related	other
	week					ge ,		the	organizations	compensation
		ctor				를		organization	(W-2/1099-MISC)	from the
		声				ge		(W-2/1099-MISC)		organization
		stee	ruste			SE				and related
		al tru	nalt		loye	8				organizations
		ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			
		=	Ĕ	9	Ke	Ĭ	ਣ			
ROBERT G. MERRICK III										
DIRECTOR	1.00	X					L	0.	0.	0.
JORD POSTER						ŀ				
DIRECTOR	1.00	X	<u></u>			L	L	0.	0.	0.
LAINY LEBOW-SACHS										
DIRECTOR	1.00	Х						0.	0.	0.
HAYWOOD J. TALCOVE	<del></del>		· ·							
DIRECTOR	1.00	х						0.	0.	0.
PAUL M. SANDLER	1.00			$\vdash$	-	$\vdash$				
DIRECTOR	1.00	х						0.	0.	0.
REGINA SCHOFIELD	1.00	Δ					$\vdash$	0.	0.	· · · ·
	1 00	7.							0	
DIRECTOR	1.00	X						· 0 •	0.	0.
MARK SHRIVER									_	
DIRECTOR	1.00	X						0.	0.	0.
STEPHEN SALEM							ŀ	·		
EXECUTIVE DIRECTOR	40.00			X				242,833.	0.	8,308.
BRIAN WENTZ				i .			1			
DIRECTOR OF ACCOUNTING	40.00			X				80,485.	0.	6,220.
CHARLES BRADY										
DEPUTY EXECUTIVE DIRECTO	40.00				X			181,201.	0.	9,850.
CARRIE LEBOW										_
SR. DIRECTOR RESOURCE DE	40.00					x		147,478.	0.	8,933.
JANE RODGERS			_							
SR. DIRECTOR STRATEGIC I	40.00					x		135,227.	0.	8,488.
DR. DIRECTOR DIRECTOR I	#0.00		_			-22	-	133,2270		0, 200.
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

### **SCHEDULE L**

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered

Open To Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ. Part V. line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

**Employer identification number** Name of the organization CAL RIPKEN SR FOUNDATION INC 52-2310500 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (b) Description of transaction (a) Name of disqualified person Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (b) Loan to or from (c) Original principal (g) Written (a) Name of interested (d) Balance due (e) ln by board or the organization? amount default? agreement? person and purpose committee? To From Yes No Yes No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of assistance the organization **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's transaction transaction person and the organization revenues? No HONORABLE FRANCIS X. KELLYBUSINESS 108,364. SENATOR KEL X 381,924.MR. RIPKEN FAMILY AND BUSINESS CALVIN RIPKEN, JR. X FAMILY AND BUSINESS 381,924. MR. RIPKEN X WILLIAM RIPKEN CHRIS FLANNERY BUSINESS 381,924.MR. FLANNER X ROBBIE CALLAWAY BUSINESS 76,186.MR. CALLAWA X LAINY LEBOW-SACHS BUSINESS 151,250.MS. LEBOW-S X

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

### SCHEDULE M (Form 990)

### **Noncash Contributions**

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

Attach to Form 990.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

CAL RIPKEN SR FOUNDATION INC

Employer identification number 52-2310500

Pa	rt I Types of Property		·							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues repo Form 990, Part VI			(d) Method of de revenu		ing	
1	Art - Works of art	Х	1		700.	FAIR	MARKET	VA	LUE	
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					ļ				
9	Securities - Publicly traded .	X	8	1,497,	939.	FAIR	MARKET	VA	LUE	
10	Securities - Closely held stock									
11	Securities · Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous					ļ				
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 .	X	73	34,	034.	FAIR	MARKET	VAI	LUE	
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts					ļ				
25	Other (BASEBALL EQUI)	X	4				MARKET			
26	Other ► ( <u>FOOD FOR EVEN</u> )	X	1				MARKET			
27	Other (SPORTING EVEN)	X	2				MARKET			
28	Other (AUTOGRAPHED M)	X	11		270.	FAIR	MARKET	_VAI	LUE	
29	Number of Forms 8283 received by the organi									
	for which the organization completed Form 82	83, Part IV, [	Donee Acknowled	gment	29			<del></del>		
								<del></del> -	Yes	No
30a	During the year, did the organization receive b									
	at least three years from the date of the initial	contribution,	and which is not i	required to be use	d for exen	npt purpo	ses for			
	the entire holding period?					٠	-	30a		<u>X</u>
	If "Yes," describe the arrangement in Part II			,				_		7.5
31	Does the organization have a gift acceptance						-	31		<u>X</u>
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sel	i noncash					37
	contributions?							32a		<u>X</u> _
	If "Yes," describe in Part II.							j		
33	If the organization did not report revenues in c	olumn (c) for	a type of property	tor which column	(a) is che	cked,		1		
	describe in Part II.							<u> </u>		
LHA	For Privacy Act and Paperwork Reduction	Act Notice,	, see the instructi	ons for Form 990	١.		Schedule M	(Form	ı <del>99</del> 0)	2009

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

CAL RIPKEN SR FOUNDATION INC

Employer identification number 52-2310500

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INC., THROUGH ACTIVE COMMUNITY PARTNERSHIPS WITH AMERICA'S MOST SUCCESSFUL YOUTH SERVICE ORGANIZATIONS, TEACHES DISADVANTAGED CHILDREN FROM AMERICA'S MOST DISTRESSED COMMUNITIES THE IMPORTANCE OF CHOOSING A HEALTHY LIFESTYLE AND MAKING SMART, PRODUCTIVE DECISIONS IN THEIR YOUNG THE FOUNDATION USES BASEBALL TO GRAB THE ATTENTION OF THESE LIVES. DISADVANTAGED CHILDREN WHILE TEACHING THEM THAT EMBRACING LIFELONG CHARACTER TRAITS SUCH AS PERSEVERANCE, COMMITMENT, DEVELOPING GOOD NUTRITIONAL HABITS AND GIVING BACK TO THEIR COMMUNITIES WILL EXPOSE THEM TO OPPORTUNITIES AND EXPERIENCES THAT WILL HELP THEM BECOME SUCCESSFUL, CONTRIBUTING MEMBERS OF SOCIETY. THE FOUNDATION NOT ONLY TRAINS LOCAL COMMUNITY LEADERS TO BE SUCCESSFUL MENTORS TO CHILDREN AND TO IMPLEMENT THE FOUNDATION'S YOUTH DEVELOPMENT PROGRAMS, BUT ALSO PROVIDES FUNDING, CHARACTER EDUCATION MATERIALS AND EQUIPMENT TO THESE COMMUNITIES.

THE FOUNDATION ALSO ENGAGED LAW ENFORCEMENT OFFICIALS IN THE

COMMUNITIES (INCLUDING THE U.S. MARSHALS SERVICE) TO ACT AS MENTORS AND

COACHES FOR DISADVANTAGED YOUTH AS PART OF THE FOUNDATION'S "BADGES FOR

BASEBALL" PROGRAM. THE GOAL IS TO DISPLAY LAW ENFORCEMENT OFFICIALS AS

FRIENDS AND POSITIVE ROLE MODELS, NOT PEOPLE WHO YOUTH ONLY BECOME

ENGAGED WITH IN TROUBLED TIMES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

FORM 990, PART VI, SECTION A, LINE 2: FOUNDING CHAIRWOMAN, VI RIPKEN, AND

HER SONS, WILLIAM RIPKEN AND CALVIN RIPKEN, JR., ARE ALL MEMBERS OF THE

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

Schedule O (Form 990) 2009

932211
02-03-10

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Employer identification number 52-2310500

CAL RIPKEN SR FOUNDATION INC BOARD FOR CAL RIPKEN, SR. FOUNDATION. WILLIAM RIPKEN AND CALVIN RIPKEN, JR. HAVE WORKED WITH CHRIS FLANNERY AND LONNIE RITZER, ESO (ALSO BOARD MEMBERS) ON PROJECTS RELATED TO WILLIAM'S AND CALVIN'S BUSINESS ENDEAVORS WITH RIPKEN BASEBALL, INC. AND AFFILIATES. CHAIRMAN, ROBBIE CALLAWAY, IS THE FATHER OF ADAM CALLAWAY WHO IS THE DIRECTOR OF DEVELOPMENT FOR THE FOUNDATION. FORM 990, PART VI, SECTION A, LINE 4: THE BY-LAWS OF THE FOUNDATION WERE AMENDED IN THE 2009 CALENDAR YEAR, A COPY OF WHICH IS ATTACHED. THE FOLLOWING CHANGES WERE MADE: IMPLEMENTATION OF 3-YEAR TERM LIMITS FOR MEMBERS OF THE BOARD OF DIRECTORS, RENEWABLE UPON EXPIRATION OF EACH TERM BY NOMINATION OF BOARD CHAIR AND MAJORITY VOTE OF BOARD WITH ONE THIRD OF TERMS EXPIRING EACH THE PREVIOUS TERM WAS UNTIL A SUCCESSOR WAS ELECTED. YEAR. 2. ESTABLISHED THE COMPOSITION OF BOARD LEADERSHIP AND THE EXECUTIVE AND GOVERNANCE COMMITTEES. ALSO PROVIDED FOR THE ESTABLISHMENT OF LEADERSHIP SUCCESSION AND THE POWERS AND DUTIES OF THE BOARD CHAIRPERSON. 3. ESTABLISHED THE BOARD TREASURER AS THE CHAIRPERSON OF THE AUDIT AND COMPLIANCE COMMITTEE WHICH HAS OVERSIGHT OF PUBLIC ACCOUNTING FIRMS USED BY THE FOUNDATION FOR ANY REASON.

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

Schedule O (Form 990) 2009

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

CAL RIPKEN SR FOUNDATION INC

Employer identification number 52-2310500

FORM 990, PART VI, SECTION B, LINE 11: THE FOUNDATION DISTRIBUTES THE FORM
990 TO THE BOARD VIA EMAIL PRIOR TO ITS FILING. EACH MEMBER OF THE BOARD
HAS THE OPPORTUNITY TO REVIEW THE FORM 990 AND SUBMIT ANY COMMENTS OR
QUESTIONS THAT THEY MAY HAVE.

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

DIRECTOR OF THE FOUNDATION IS DETERMINED BY A COMMITTEE OF MEMBERS OF THE
BOARD INCLUDING THE CHAIRMAN. THIS COMMITTEE OBTAINS CONFIRMATION OF THE
AMOUNT OF COMPENSATION FROM THE FULL BOARD IN EXECUTIVE SESSION.

COMPENSATION FOR KEY EMPLOYEES IS DETERMINED USING A PERFORMANCE EVALUATION
REVIEW OF EACH EMPLOYEE. THIS REVIEW IS PERFORMED BY THE EMPLOYEE'S DIRECT
SUPERVISOR AND IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE DEPUTY
EXECUTIVE DIRECTOR, IF APPLICABLE PRIOR TO BEING FINALIZED. THE TOTAL
AMOUNT OF BUDGETED SALARY EXPENSE IS APPROVED BY THE FULL BOARD AS PART OF
THE ANNUAL BUDGET PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,CA,CT,FL,GA,IL,KS,KY,MD,MA,MI,MN,MS,NJ,NC,OR,PA,SC,VA,WA,WI,AR,AZ,DC

ME,TX,ND,NH

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS GOVERNING

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

Schedule O (Form 990) 2009

932211
02-03-10

### **SCHEDULE 0**

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CAL RIPKEN SR FOUNDATION INC

Employer identification number 52-2310500

CAL RIFREN DR FOUNDATION INC 52-2510500
DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
PART XI, LINE 2
NEITHER THE OVERSIGHT PROCESS NOR THE SELECTION PROCESS FOR THE
ORGANIZATION'S FINANCIAL STATEMENT AUDIT HAVE CHANGED FROM THE PRIOR
YEAR.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: HONORABLE FRANCIS X. KELLY, JR.
(D) DESCRIPTION OF TRANSACTION: SENATOR KELLY IS FOUNDER & CHAIRMAN OF
KELLY ASSOCIATES INSURANCE GROUP, ENTITY FROM WHICH THE FOUNDATION
PURCHASES ITS EMPLOYEE HEALTH INSURANCE COVERAGE.
(A) NAME OF PERSON: CALVIN RIPKEN, JR.
(D) DESCRIPTION OF TRANSACTION: MR. RIPKEN IS THE CEO OF RIPKEN BASEBALL
FROM WHICH THE FOUNDATION PURCHASES CERTAIN SHARED SERVICES (CLERICAL,
OFFICE SUPPLIES), FACILITIES MAINTENANCE, BALLPARK DESIGN SERVICES AND
SPORTS MEMORABILIA. ALL TRANSACTIONS ARE AT ARM'S LENGTH AND FAIR MARKET
VALUE.
(A) NAME OF PERSON: WILLIAM RIPKEN
(D) DESCRIPTION OF TRANSACTION: MR. RIPKEN IS THE EXECUTIVE
VICE-PRESIDENT OF RIPKEN BASEBALL FROM WHICH THE FOUNDATION PURCHASES
CERTAIN SHARED SERVICES (CLERICAL, OFFICE SUPPLIES), FACILITIES
MAINTENANCE, BALLPARK DESIGN SERVICES AND SPORTS MEMORABILIA. ALL
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule O (Form 990) 2009  932211 02-03-10

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

CAL RIPKEN SR FOUNDATION INC

Employer identification number 52-2310500

TRANSACTIONS ARE AT ARM'S LENGTH AND FAIR MARKET VALUE.
(A) NAME OF PERSON: CHRIS FLANNERY
(D) DESCRIPTION OF TRANSACTION: MR. FLANNERY IS THE PRESIDENT OF RIPKEN
BASEBALL FROM WHICH THE FOUNDATION PURCHASES CERTAIN SHARED SERVICES
(CLERICAL, OFFICE SUPPLIES), FACILITIES MAINTENANCE, BALLPARK DESIGN
SERVICES AND SPORTS MEMORABILIA.
(A) NAME OF PERSON: ROBBIE CALLAWAY
(D) DESCRIPTION OF TRANSACTION: MR. CALLAWAY IS THE CHAIRMAN OF THE
BOARD OF DIRECTORS. THE FOUNDATION EMPLOYS MR. CALLAWAY'S SON AS
DIRECTOR OF DEVELOPMENT.
(A) NAME OF PERSON: LAINY LEBOW-SACHS
(D) DESCRIPTION OF TRANSACTION: MS. LEBOW-SACHS IS A MEMBER OF THE BOARD
OF DIRECTORS. THE FOUNDATION EMPLOYS MS. LEBOW-SACHS' DAUGHTER AS SENIOR
DIRECTOR OF DEVELOPMENT.
(A) NAME OF PERSON: FRANK CULOTTA
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DUGINEGG
(C) AMOUNT OF TRANSACTION \$ 6397.
(D) DESCRIPTION OF TRANSACTION: THE FOUNDATION UTILIZES OFFICE MACHINES
PROVIDED BY DEX IMAGING, AN ENTITY OF WHICH MR. CULOTTA IS MANAGING
PARTNER.
/E/ CUADING OF ODCANIZATION DEVENTINGS - NO

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

Schedule O (Form 990) 2009

SCHEDULE R (Form 990)
Department of the Trea Internal Revenue Servic

Related Organizations and Unrelated Partnerships

blic n mber OMB No 1545-0047

(Form 990)	90 E		related Organizations	related Organizations and Onleaded Fartherships	70 70 70 70		2009
Department Internal Rev	Department of the Treasury Internal Revenue Service		te it tile organization answered ⊤res ► Attach to Form 990.	ganization answered Test to rorm 890, Fart IV, line 33, 34, 30, 30, 01 37.  Attach to Form 990. ▶ See separate instructions.	s, 54, 55, 56, 0f 5f. ns.		Open to Public Inspection
Name of	Name of the organization	CAL RIPKEN SR FOUNDATION INC	FOUNDATION INC			Emp	Employer identification numb 52-2310500
Partl	Identification of D	Visregarded Entities (Complete	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	o Form 990, Part IV, line 33.)			
	<b>)</b>	(a)	(b)	(0)	(p)	(e)	<b>(J)</b>
	Name, addr	Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
	d Andrews	, in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t		roreign country)			entity
Part II	Identification of Related Tax-Exe organizations during the tax year.)	lelated Tax-Exempt Organizat ng the tax year.)	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	swered "Yes" to Form 990, Parl	t IV, line 34 becaus	e it had one or more re	lated tax-exempt

(a)	(q)	(0)	(p)	(e)	(4)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
THE KELLY & CAL RIPKEN JR FOUNDATION -					
52-1784594, 1427 CLARKVIEW ROAD STE 100,					
BALTIMORE, MD 21209	PRIVATE FOUNDATION	MARYLAND	501 (C)(3)	PF	N/A

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

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Schedule R (Form 990) 2009

52-2310500

Page 2

Schedule R (Form 990) 2009 CAL RIPKEN SR FOUNDATION INC

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

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) Ē Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ Legal domicile (state or foreign country) Ö 65 Direct controlling entity Primary activity Legal domicile (state or foreign country) <u>ပ</u> Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 932162 02-04-10 Part IV

# Schedule R (Form 990) 2009 CAL RIPKEN SR FOUNDATION INC

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	શ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	:	1a	×
b Gift, grant, or capital contribution to other organization(s)		1b	×
c Gift, grant, or capital contribution from other organization(s)		10	×
d Loans or loan guarantees to or for other organization(s)		10	×
e Loans or loan guarantees by other organization(s)	•	4	×
		2	
f Sale of assets to other organization(s)		<b>*</b> =	×
g Purchase of assets from other organization(s)		19	×
		ŧ	×
i Lease of facilities, equipment, or other assets to other organization(s)		;=	X
j Lease of facilities, equipment, or other assets from other organization(s)		į.	×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×
m Sharing of facilities, equipment, mailing lists, or other assets		£	×
n Sharing of paid employees		두	×
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>		-	×
p Reimbursement paid by other organization for expenses		t ot	×
q Other transfer of cash or property to other organization(s)		19	×
2 If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	saction thresholds.	- - -	4
	( <del>p</del> )	(3)	
Name of other organization(s)	(b) Transaction A type (a-r)	(c) Amount involved	ס
(1)			
(2)			
(3)			
(4)			
(5)			
(9)			
632163 02-04-10	Schedule	Schedule R (Form 990) 2009	2009

52-2310500 Page 4

Schedule R (Form 990) 2009 CAL RIPKEN SR FOUNDATION INC

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

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

(4)	4	İ	3	[7]	9	13	1-1
	(a)	•	2			6	_
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
		country)	Yes No			of Schedule K-1 (Form 1065)	
							· <u>-</u>
							-
					_		
							-
					_		
			-				_

932164 02-04-10

Schedule R (Form 990) 2009

Form **8868** 

(Rev April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No 1545-1709

If you ar	re filing for an Automatic 3-Month Extension, complete only Part I and check this box	<b>▶ X</b>	]
<ul><li>If you ar</li></ul>	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	
Do not co	mplete Part II unless you have already been granted an automatic 3-month extension on a previously fil	led Form 8868.	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corporat	ion required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	
Part I only		. ▶□	]
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an me tax retums.	extension of time	
noted belo (not autom you must s	EFiling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file ov/efile and click on e-file for Chanties & Nonprofits.	cally if (1) you want the addition nsolidated Form 990-T. Instead	nal
Type or	Name of Exempt Organization	Employer identification num	nber
print			
File by the	CAL RIPKEN SR FOUNDATION INC	52-2310500	
due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions 1427 CLARKVIEW ROAD, NO. 100		
return See Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		_
	BALTIMORE, MD 21209		
Check tvp	e of return to be filed (file a separate application for each return):		
X Form		700	
		<del></del>	
=	n 990-BL	• •	
	1990-PF Form 1041-A Form 88		
1011	1990F1F0III 10417AF0III106		
Telepho	BRIAN WENTZ  bks are in the care of ► 1427 CLARKVIEW ROAD, SUITE 100 BALTIMO  one No. ► 410-823-0808  FAX No. ►  ganization does not have an office or place of business in the United States, check this box  for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this		
box 🕨 L	☐ If it is for part of the group, check this box ▶ ☐☐ and attach a list with the names and EINs of all i	members the extension will cov	ver
ıs foi	uest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unti AUGUST 15, 2010 , to file the exempt organization return for the organization named all the organization's return for:  X calendar year 2009 or  , and ending, and ending		
2 If the	s tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting pe	eriod
3a If the	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	efundable credits. See instructions	3a \$	
<b>b</b> If the	s application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
	payments made Include any prior year overpayment allowed as a credit.	3b \$	
	nce Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,		
	osit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)		
See	instructions.	3c \$ N/A	
Caution. If	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-EO for payment instruction	ons
LHA Fo	r Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Form <b>8868</b> (Rev. 4-	-2009)