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Form 990

Return of Organization Exempt From Income Tax

20**09**

Open to Public Inspection

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

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

For the 2009 calendar year, or tax year beginning and ending 7/1/2009 6/30/2010 Check if applicable C Name of organization University of Maryland Baltimore Foundation, Ir D Employer identification number use IRS Address change Doing Business As 31-1678679 label or Name change print or Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite type. Initial return (410) 706-2949 620 W Lexington Street 2nd Flr Specific Terminated City or town, state or country, and ZIP + 4 Instruc-21201-1508 G Gross receipts \$ Amended return Baltimore MD 52,678,045 tions Application pending Name and address of principal officer Yes X No H(a) Is this a group return for affiliates? Sue Gladhill 620 W Lexington Street, 2nd Floor, Baltimore, MD 21201 H(b) Are all affiliates included? X 501(c) (4947(a)(1) or If "No," attach a list (see instructions) Tax-exempt status 3) ◀ (insert no) Website: ▶ www umaryland edu/umbf H(c) Group exemption number X Corporation K Form of organization Trust Association Other > M State of legal domicile L Year of formation 1999 MD Part I Summary Briefly describe the organization's mission or most significant activities The organization's mission is to solicit and receive contributions and grants from the general public and to hold, invest, and administer these funds and pay expenditures for the SCANNED MAR 1 5 2011 Governance benefit of the University of Maryland, Baltimore Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 32 5 Total number of employees (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 289 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 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 23,449,270 19,288,902 9 Program service revenue (Part VIII, line 2g) 210,979 157,067 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -690,258 3,614,725 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -7,435 119,684 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 22,962,556 23,180,378 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 11,981,371 13,175,046 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Ó 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 900,150 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 5,945,337 5,917,382 Total expenses Add lines 13-17 (must equal Part IX) column (A)/ line 25) 18 17,926,708 19,092,428 Revenue less expenses Subtract line 18 from line-12 19 5,035,848 4,087,950 End of Year 5 ഗ Beginning of Current Year FEB 2 2 2011 O 20 Total assets (Part X, line 16) 139,996,880 155,255,118 S 21 Total liabilities (Part X, line 26) 3,665,650 5,509,631 Net assets or fund balances Subtract line 21 from line-20 22 136,331,230 149,745,487 OGDEN Part II Signature Block Under penalties of perjury, I declare that Thave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Decla arer (other than officer) is based on all information of which prepa Sign Signature of officer Here Judith S. Blackbur Treasurer Type or print name and little Check if Preparer's identifying number signature self-Paid 2-15-2011 employed Preparer's Firm's name (or yours Argy, Wiltse & Robinson, P C EIN Use Only if self-employed), 8405 Greensboro Drive, Suite 700, McLean, VA 22102 ▶ (703) 770-4450 address, and ZIP + 4 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

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

6/1

Form **990** (2009)

Pa	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission
	The primary mission of the University of Maryland Baltimore Foundation, Inc. is to solicit and receive contributions, gifts, and
	grants from the general public and to hold, invest, and administer these funds and pay expenditures for the benefit of the
	University of Maryland, Baltimore
2	Did the organization undertake any significant program services during the year which were not listed on
~	the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code.) (Expenses \$ 5,977,099 including grants of \$ 4,418,654) (Revenue \$ 90,419)
	The UMB Foundation manages and invests private gifts and/or property for the benefit of the University of Maryland, Baltimore
	(UMB), facilitates fundraising programs and contributions from private sources, and engages in other activities to further
	educational, research, and service missions of UMB UMB is Maryland's public academic health and law university devoted to
	professional and graduate education, research, patient care, and public service. UMB includes the schools of Medicine, Law,
	Pharmacy, Dentistry, Nursing, Public Health and Social Work, the Health Sciences & Human Services Library, and the National
	Museum of Dentistry Using state-of-the-art technological support, UMB educates leaders in health care delivery, biomedical
	science, social services and law. By conducting internationally recognized collaborative research to cure disease and to improve
	the health, social functioning, and treatment of the people it serves, the University fosters economic development in the city, state,
	and region UMB is a major employer in Baltimore, generating \$15 in economic activity for every \$1 of state general funds
	invested In Fiscal Year 2010, UMB was awarded over \$567 million in research and grant funding. Since the largest percentage
	of expenses and grants are generated by the schools of Medicine and Law, expanded (CONTINUED ON SCHEDULE O)
	
4b	· · · · · · · · · · · · · · · · · · ·
	The UMB Foundation supports academic programs, clinical activities and research in the UMB School of Medicine (SOM)
	Established in 1807, the School of Medicine is the first public and fifth oldest medical school in the U.S., and the first to institute a
	residency training program. In 2010, the SOM graduated 140 new medical doctors who joined the ranks of more than 7,500
	living alumni. A significant number, 36 percent, have chosen to continue their training in primary care fields. This past year, the
	SOM saw an increase in the number of applications received as well as continued improvement in the academic qualifications
	of the applicants. More than half of the practicing physicians in Maryland received their training at the SOM or its clinical partner,
	the University of Maryland Medical Center. The School's continuing education programs serve more than 5,000 physicians and
	other health professionals annually. The SOM is committed to the education and training of MD, PhD, graduate, physical therapy
	& rehabilitation science and medical research technology students
	<u></u>
40	(Code) (Expenses \$ 1,775,581 including grants of \$ 1,354,698) (Revenue \$ 6,150)
	The UMB Foundation supports academic programs, clinical and research activities in the UMB School of Law (SOL)
	Established in 1816, the SOL began regular instruction in 1824. It is the third oldest law school in the nation, but its innovative
	programs make it one of the liveliest and most dynamic today. The SOL's experimental programs are among the most extensive
	in the country, including the nationally recognized Clinical Law Program. Interdisciplinary specialty programs are offered in
	Environmental Law & Law and Health Care Other programs include Advocacy, Alternative Dispute Resolution, Business Law,
	Clinical Law, Intellectual Property Law & International and Comparative Law The SOL seeks to promote a more just society by
	educating outstanding lawyers, by advancing the understanding of law and legal institutions, and by enhancing access to justice
	Excellence in teaching prepares students for productive leadership and professional success in a wide range of careers and
	promotes, in both students and faculty, the highest standard of public and professional service. A new initiative at the school
	entitled LEAD (Leadership, Ethics, and Democracy in Education) was undertaken in response to the ethical challeges of modern
	law practice, an expanded focus on ethics and problem-solving which will help students learn (CONTINUED ON SCHEDULE O)
4d	
,	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
40	
4e	Total program service expenses - To,000,007

om	990 (2009) University of Maryland Baltimore Foundation, Inc 31-1678	679	Р	age :
Par	t 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,"			ĺ
_	complete Schedule A	1	X	<u> — </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		i	J
	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		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice	-		<u> </u>
•	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	<u> </u>	-	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"]		1
	complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			ł
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			l
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	١	[, ,	1
11	quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	-
' '	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	44	x	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11	^	300
	Schedule D, 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			E.
_	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			
12	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	X	WARE
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
	year? 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		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1	.	
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	1-		V
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	İ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	··•	 ^	
	If "Yes," complete Schedule G, Part III	19		X

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV	Chacklist	of Doo	uirod S	chedules	(continued)
Faitiv	CHECKIISE	UI REG	juneu 3	cileuules i	continuea)

4	Checkinst of fredunca defication (commutat)			
24	Did the account of the first of COO of counts and all the contract of the counts and all the counts are all the counts and all the counts are all		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	24	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21	-^-	_
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	122	-	_
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		<u> </u>	<u> </u>
	\$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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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	1		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	'	Ì '	
20	If "Yes," complete Schedule L, Part III	27	# \$136 C V	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.			
2	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	208		
D	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		
_	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV .	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I .	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
• •	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
25	III, IV, and V, line 1	34_		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	25		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	35		X
J J	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	130	\vdash	
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	1		Ť
- -	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

	Carcomortes Troggerating Carton Into 1 miligo aria Tax Compilation						_
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			f	CAMPID	Yes	No
·u	U.S. Information Returns Enter -0- if not applicable	1a		142			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		- 72	4.5		3.5
c	Did the organization comply with backup withholding rules for reportable payments to vendors a		ortable	—ἤ			
•	gaming (gambling) winnings to prize winners?	ila iop		. 1	1c	X	20000
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				24.8		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		o			70.00
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	return			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return			Ī	77		
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year of	overed	l by		1,3		
	this return?			ļ	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			j	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or		-				l
	over, a financial account in a foreign country (such as a bank account, securities account, or other	er fina	incial				
_	account)?.			ļ	4a	3800°).	X
b	If "Yes," enter the name of the foreign country				7		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Fo and Financial Accounts	reign B	ank				13
E a		or?		ĺ		.2001	
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yet Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		10n2	ŀ	5a 5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			Ì	30		<u> </u>
·	Prohibited Tax Shelter Transaction?	ricgai	unig	ŀ	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	did the	9	ļ			
	organization solicit any contributions that were not tax deductible?			ľ	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such cont	ributior	ns or	Ī			
	gifts were not tax deductible?			<u>l</u>	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).					39	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	y for g	oods	i		٠. غمست	15000-
	and services provided to the payor?				7a_	X	_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			}	7b_	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was	6	1			
ч	required to file Form 8282?	ايحا		ŀ	7c	7,000	X
d e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums of	7d	reonal				nôc ²
•	benefit contract?	ni a pe	isonai		7e	Same alas,	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	contra	ct?	ł	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as requ			ı	7g	Х	
ĥ	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1		as	Ţ			
	required?				7h	Х	_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support	ting		Ţ	. A	£	
	organizations. Did the supporting organization, or a donor advised fund maintained by a spons	oring			1 1	Ži	i E
	organization, have excess business holdings at any time during the year?			Ļ	8	and an	X
9	Sponsoring organizations maintaining donor advised funds.			1	ele Li		18
a	Did the organization make any taxable distributions under section 4966?			ŀ	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			}	9b	. 2 -	X
10	Section 501(c)(7) organizations. Enter	المدا			11 14	* ' ' ' ' .	, ·
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b			, , ,	, ,	١٠.
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter	מטו	<u> </u>			ì	Ť
i i	Gross income from members or shareholders	11a		1	* •		•
b	Gross income from other sources (Do not net amounts due or paid to other sources	11a				,	
~	against amounts due or received from them)	11b		1	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		10417		12a		
h	If "Yes," onter the amount of tax exempt interest recoved or accrued during the year	12h		Ì			

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

Sect	ion A. Governing Body and Management					V	F
1a	Enter the number of voting members of the governing body	1a	1	34	A	Yes	No
b	Enter the number of voting members of the governing body Enter the number of voting members that are independent	1b		32	* 10	3	
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel		nip with				
	any other officer, director, trustee, or key employee?				2	2	Х
3	Did the organization delegate control over management duties customarily performed by or u	nder ti	ne direct				
	supervision of officers, directors or trustees, or key employees to a management company or	other	person?		3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form				4		Х
5	Did the organization become aware during the year of a material diversion of the organization	i's ass	ets? .		5		Х
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 r	nore n	nembers		'		
	of the governing body?	ı			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or ot	•			7b		X
8	Did the organization contemporaneously document the meetings held or written actions unde the year by the following	пакеп	auring				
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	t be re	ached		- 0.0	<u> </u>	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedul		, a o , i c a		9a		х
Sect	ion B. Policies (This Section B requests information about policies not required by the		ernal				
Reve	enue Code)						
		_				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		•		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of		chapters,				
44	affiliates, and branches to ensure their operations are consistent with those of the organization		C1		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body beform?	etore	filing the		11	х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990					10.7	图图
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests to	hat co	uld give				
	rise to conflicts?				12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the pol	icy? /	f "Yes,"				
40	describe in Schedule O how this is done				12c	_X	<u> </u>
13	Does the organization have a written whistleblower policy?				13	X	
14 15	Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and a		ol bu		14	X	13 T. 17
15	independent persons, comparability data, and contemporaneous substantiation of the deliber		•	12			1
а	The organization's CEO, Executive Director, or top management official	411011	1110 00010101		15a	X	المتلاكند
b	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)				400		Service !
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	rrange	ement		* 20		新
	with a taxable entity during the year?	J			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	to eva	aluate				
	its participation in joint venture arrangements under applicable federal tax law, and taken step	s to s	afeguard				
	the organization's exempt status with respect to such arrangements?				16b		L
	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► AR, AZ, CA, KY					JR, S	<u>C</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, are available for public inspection. Indicate how you make these available. Check all that apply	1a 990	-1 (501(c)(.	s)s or	uy)		
	X Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docur	nanto	conflict of	ntero	ct		
	policy, and financial statements available to the public	nents,	COMMON OF I	mere:	3 (
20	State the name, physical address, and telephone number of the person who possesses the b	ooks s	and records	of the	2		
	organization ► Judith S Blackburn	JUNU 0	(410) 7				
	620 W Lexington Street, 2nd Floor, Baltimore, MD 21201-1508					·	

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

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

- 1a Complete this table for all persons required to be listed. 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"
- 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

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

(A)	(B) (C)					-		(D)	(E)	(F)
Name and Title	Average hours per week	P or director		Officer	Mey employee	Highest compensated employee	ခွဲ Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Janet S Owens Trustee, Chair	2	х						0	0	0
Edward J Brody Trustee, Vice Chair	2	x						0	0	0
James A Earl Trustee	2	x						0	0	0
Don N Brotman Trustee	1	x						0	0	0
Harold E Chappelear Trustee	1	x						0	0	0
Charles W Cole, Jr Trustee	3	x						0	0	0
Anna M Dopkin Trustee	1	x						0	0	0
James D'Orta Trustee	1	X						0	0	0
Morton P Fisher, Jr Trustee	2	x	_					0	0	0
Joseph R Hardiman Trustee	3	x_						0	0	0
David H Hillman Trustee	1	x						0	0	0
Richard J Himelfarb Trustee	2	<u>x</u>						0	0	0
Wallace J Hoff Trustee	1	X	_					0	0	0
Kempton M Ingersol Trustee	3	x						0	0	0
Donald M Kırson Trustee	1	x						0	0	0
Harry C Knipp Trustee	1	x						0	0	0

Part VII Section A. Officers, Directors, Tru		nlos	/005	and	Hin	hest	Cor	nnensated Em	31-1678	
(A)	(B)	1			c)	1103	. 00.	(D)	(E)	(F)
Name and title	Average	Po	sition			nat ap	ply)	Reportable	Reportable	Estimated
Marie die me	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Kyle Legg		х								
Trustee Solly Mobal	1	├^		-			\vdash	0	0	0
Sally Michel Trustee	1	x						o	0	0
Milton H Miller		Î			\Box					
Trustee	1	X	} '		1) '		О	o	_ 0
Thomas P O'Neill										
Trustee	3	X						0	0	0
Theo C Rodgers		l	1		İ	1				
Trustee	1	X			<u> </u>			0	0	0
Donald E Roland						ĺ				_
Trustee	1	X			 	-		0	0	0
Devy Patterson Russell Trustee	1	×						0	o	0
Robert G Sabelhaus Trustee	1							0		0
Pauline A Schneider										
Trustee	2	Х			L			o	lo	0
Alan S Silverstone Trustee	2	x						0	0	0
Frederick G Smith Trustee	1	x						0	0	0
C William Struever Trustee	1	х						0	0	0
Richard L Taylor										
Trustee	1	X	<u> </u>	L	<u> </u>			0		0
1b Total		_					>	0		0
2 Total number of individuals (including but no reportable compensation from the organization)		e list	ed a	bove 0) wh	o rec	æıve	d more than \$10	00,000 in	
reportable compensation from the organization	<u> </u>			<u> </u>						Yes No
3 Did the organization list any former officer	director or trust	ee k	ev er	nolo	vee	or h	ahes	st compensated		

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated
	employee on line 1a? If "Yes," complete Schedule J for such individual

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 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

	Yes	No
4 4 4	- A '9 - 1'5',	* , .
3		Х
4		Х
	12:	5.45°,
5	Х	

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

1	(A) Name and business address	(B) Description of services	(C) Compensation
Stewart J Greenebaum	1829 Reisterstown Rd, Baltimore, MD 21208	Development of donated land	107,863
Maroon PR, Inc	11055 Stratfield Ct, Marriottsville, MD 21104	UMB branding consulting	136,667
PACSC	1247 Harbor Island Wk, Baltimore, MD 21230	SOM furniture/interior design	178,517
 	(SEE SCHEDULE O FOR EXPLANATIONS)		0
 Total number of independen	nt contractors (including but not limited to those listed a	hove) who socowed	0
 •	pensation from the organization 3	bove) who received	- F.

31-1678679

Page **10**

Part IX Statement of Functional Expenses

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

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and				TO PERSONAL PROPERTY.				
	organizations in the U.S. See Part IV, line 21	13,085,306	13,085,306	AND THE PERSON NAMED IN					
2	Grants and other assistance to individuals in			AL AND A SHAPE OF	CONTRACTOR OF THE SECOND				
	the U.S. See Part IV, line 22	89,740	89,740	40. THE 154					
3	Grants and other assistance to governments,			Carlon World	CONTRACTOR S				
	organizations, and individuals outside the								
	U.S. See Part IV, lines 15 and 16	ol							
4	Benefits paid to or for members	o		THE PAYOR SHOW					
5	Compensation of current officers, directors,		· ···.		2000 A 200 C 11 A 400 A 200 A				
_	trustees, and key employees	l ol							
6	Compensation not included above, to disqualified	· · · · · · · · ·							
-	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	o			1				
7	Other salaries and wages	0	-						
8	Pension plan contributions (include section 401(k)	-			 				
-	and section 403(b) employer contributions)	o							
9	Other employee benefits .	0			 				
10	Payroll taxes	Ö							
11	Fees for services (non-employees)		·		 				
''a	Management	2,304,048	1,336,051	877.374	90,623				
b	Legal	20,586		011,314	90,023				
	Accounting	115,717	20,586	115,717					
c d	Lobbying .		0	115,717					
-	Professional fundraising services See Part IV, line 17	01	· ***. **.		0				
e f	Investment management fees	363,270	90,609		0				
-	Other	363,270	90,009	272,661					
g 12	Advertising and promotion	147,157	121 162	1 724	44.070				
13	Office expenses		131,163	1,724					
14	Information technology	170,278	159,056						
15	Royalties	123,146 0	48,029	26,996	48,121				
16	Occupancy		7,791		<u></u>				
17	Travel	7,791 323,036	316,184	2.601	4 464				
18	Payments of travel or entertainment expenses	323,036	310,184	2,691	4,161				
10	for any federal, state, or local public officials								
10		0 1,346,091	1 055 542	45.007	075 454				
19 20	Conferences, conventions, and meetings Interest		1,055,543	15,097	275,451				
21		0		24.047	2.704				
	Payments to affiliates	34,728		31,947	2,781				
22	Depreciation, depletion, and amortization	42.802	0.667	0	· · · · · · · · · · · · · · · · · · ·				
23 24	Insurance Other expenses Itemize expenses not	42,893	9,667	33,067	159				
24	· ·		British (Signal of the	神 多第二					
	covered above (Expenses grouped together and labeled miscellaneous may not exceed		, ·						
	5% of total expenses shown on line 25 below)		. "3, " "1, ,	4) - Yes	いわりは、主動した				
_	•	100.050	400 405						
a	Printing & publications	198,059	180,425	5,515	12,119				
b	Equipment purchase, rental, and repairs	123,697	123,697	0	0				
C		0							
ď		0	· · · · · · · · · · · · · · · · · · ·						
e	All other eveness. Museumanne	0	440.000	2 222					
7E	All other expenses Miscellaneous	596,885	146,960	3,206					
25	Total functional expenses. Add lines 1 through 24f	19,092,428	16,800,807	1,391,471	900,150				
26	Joint costs. Check here ▶ if following								
	SOP 98-2 Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising								
	solicitation				<u> </u>				
					Form 990 (2009)				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing 0 2 Savings and temporary cash investments. 671,968 2 0 3 Pledges and grants receivable, net. 25,484,657 3 21,653,434 4 Accounts receivable, net 4 0 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L. 6 0 Notes and loans receivable, net 0 7 0 Inventories for sale or use 0 8 0 Prepaid expenses and deferred charges 550 9 0 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D Less accumulated depreciation . 10b 10c 0 109,330,268 11 Investments—publicly traded securities . 11 129,040,802 12 Investments-other securities See Part IV, line 11 12 0 Investments—program-related See Part IV, line 11 13 0 13 0 14 Intangible assets 0 14 0 15 Other assets See Part IV, line 11 4,509,437 15 4,560,882 16 Total assets. Add lines 1 through 15 (must equal line 34) 139,996,880 16 155,255,118 17 Accounts payable and accrued expenses 2,013,689 17 3,639,895 18 Grants payable 18 0 19 Deferred revenue 0 19 0 20 20 Tax-exempt bond liabilities 0 0 Escrow or custodial account liability Complete Part IV of Schedule D 0 21 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 0 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities Complete Part X of Schedule D 1,651,961 25 1,869,736 Total liabilities. Add lines 17 through 25 5,509,631 3,665,650 26 Organizations that follow SFAS 117, check here ► X and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 9,956,259 27 13,584,261 28 Temporarily restricted net assets 45,261,930 49,255,343 29 Permanently restricted net assets 81,113,041 29 86,905,883 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 30 0 Paid-in or capital surplus, or land, building, or equipment fund 0 31 0 32 Retained earnings, endowment, accumulated income, or other funds 32 0 33 Total net assets or fund balances 136,331,230 33 149,745,487 Total liabilities and net assets/fund balances 139,996,880 155,255,118

Par	XI Financial Statements and Reporting			<u> </u>
	<u> </u>		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	٠,		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O	-0.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			1 4 2
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133? .	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		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

200

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

	of the organization	1				,		Employe	identificat	uon number
	•	Baltimore Found	dation, Inc					, ,		678679
Part			narity Status (All org	ganızatio	ns must	complete	this par	t) See ir	nstructio	ns
The o	rganization is no	t a private found	ation because it is (Fo	r lines 1 t	hrough 11	l, check o	nly one b	ox)		
1	A church, c	onvention of chui	rches, or association o	f churche:	s describe	ed in sec	tion 170(b)(1)(A)(i).	
2	A school de	scribed in section	on 170(b)(1)(A)(ii). (At	tach Sche	edule E)					
3	A hospital c	r a cooperative h	nospital service organiz	zation des	cribed in	section	170(b)(1)((A)(iii).		
4		esearch organiza ame, city, and sta	ation operated in conjuit ate	nction with	h a hospit	al describ	ed in sec	ction 170	(b)(1)(A)	(iii). Enter the
5		•	r the benefit of a colleg (Complete Part II)	e or unive	ersity own	ed or ope	erated by a	a governn	nental un	it described
6	A federal, s	tate, or local gov	ernment or governmer	ital unit de	escribed i	n section	170(b)(1	i)(A)(v).		
7			y receives a substantia (1)(A)(vi). (Complete F	•	ts suppor	from a g	overnmer	ntal unit o	r from the	e general public
8	A communi	ty trust described	I in section 170(b)(1)(A)(vi). (C	omplete f	Part II)				
9	receipts from	m activities relate n gross investme	y receives (1) more the doto its exempt function and unrelated after June 30, 1975	ns—subje ed busine	ect to cert ss taxable	ain excep e income	tions, and (less sect	d (2) no m aon 511 ta	ore than	33 1/3 % of its
10	An organiza	ation organized a	nd operated exclusivel	ly to test f	or public :	safety Se	e sectio	n 509(a)(4).	
11	purposes of 509(a)(3).	f one or more pul Check the box tha	nd operated exclusivel blicly supported organi at describes the type o	zations de f supporti	escribed ing organi	n section zation and	509(a)(1) d complet	or section	n 509(a)(e through	2) See section n 11h
	a	el b	Type II c	Type	: III–Fund	tionally in	itegrated		d [] 1	Type III-Other
е	persons oth	·	y that the organization on managers and other 2)			-	_	-		
f	_	ization received a	a written determination	from the	IRS that	t is a Typ	e I, Type	II, or Type	e III supp	orting
g	_		the organization accep	oted any g	gift or con	tribution f	rom any o	f the		
h	and ((ii) A fan (iii) A 35°	son who directly iii) below, the go nily member of a % controlled entit	or indirectly controls, everning body of the supperson described in (i) by of a person describe ation about the suppor	oported or above? d in (i) or	rganizatio (ii) above	n?	persons d	lescribed	ın (II)	Yes No 11g(i) 11g(ii) 11g(iii)
		(ii) EIN	(iii) Type of organization		organization	(v) Did y	ou notify	(vi)	ls the	(vii) Amount of
(1)	Name of supported organization	(11) (11)	(described on lines 1–9 above or IRC section (see instructions))	in col (i) lis governing	sted in your document?	col (ı)	of your	(i) organi	tion in col ized in the S ?	support
				Yes	No	Yes	No	Yes	No	
		-					 	 		0
										0
										0
									1	1

- 4-10 mm

0

0

Par	Support Schedule for Organi	zations Desc	ribed in Sec	tions 170(b)((1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked	the box on lin	e 5, 7, or 8 of	Part I)			
Sect	ion A. Public Support		·· -				
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	31,950,274	30,407,333	38,877,650	23,452,138	19,288,903	143,976,298
2	Tax revenues levied for the organization's	0.,000,00		0.5,01.7,000		10,200,000	7.0,0,0,200
-	benefit and either paid to or expended on						
	its behalf	0	٥	0	l 0	lo	0
3	The value of services or facilities	<u>_</u>	<u>-</u>		<u>_</u>		
·	furnished by a governmental unit to the					1	•
	organization without charge .	ا ا	٥	م ا	n	اما	0
		24.050.074	20 407 222	00.077.050	20 450 400	10,000,000	
4 5	Total. Add lines 1 through 3 The portion of total contributions by each	31,950,274	30,407,333	38,877,650	23,452,138	19,288,903	143,976,298
J	person (other than a governmental unit	人はから感	STREET STREET				
	or publicly supported organization)						
	included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)					1967年	15,377,104
6	Public support. Subtract line 5 from line 4	CHE CHAPTER	新海绵 法		W 1835	- 1-10 state 1	128,599,194
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	31,950,274	30,407,333	38,877,650	23,452,138	19,288,903	143,976,298
8	Gross income from interest, dividends,	01,000,271	30, 107, 1000	00,011,000	20, 102, 100	10,200,000	1.0,010,200
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources .	1,291,670	1,951,834	1,954,890	1,498,024	1,772,078	8,468,496
9	Net income from unrelated business					ŀ	
	activities, whether or not the business is						
40	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV)						0
11	Total support. Add lines 7 through 10	-70 %	22-7,	. 144.4		2. \$0. cf.	152,444,794
12	Gross receipts from related activities, etc. (s		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>" </u>	1	12	2,085,489
13	First five years. If the Form 990 is for the o		•	ed fourth or fift	h tay yaar aa a		
13	organization, check this box and stop here	ryanization's iii	st, second, till	a, tourth, or in	iii iax yeai as a	section 50 r(c)	₍₍₃₎
C = =4		4 Da a a 4 a					
<u>Sect</u>	ion C. Computation of Public Suppor			(D)			04.200/
15	Public support percentage for 2009 (line 6, or Public support percentage from 2008 Scheol		-	column (1))		14	84 36% 0 00%
16a				l	- 44 22 4/20		
104	33 1/3% support test-2009. If the organiza and stop here. The organization qualifies a				e 14 is 33 1/37	% or more, chec	
						1/20/	► X
b	33 1/3% support test-2008. If the organization supplies				na line 15 is 33	3 1/3% or more,	, check this
170	box and stop here. The organization qualifi				. 12 16 1	ICh and line 14	- 100/
17a	10%-facts-and-circumstances test-2009.	-					
	or more, and if the organization meets the "the organization meets the "facts-and-circur						
b	10%-facts-and-circumstances test–2008.		-	-		_	
IJ	or more, and if the organization meets the "						
	the organization meets the "facts-and-circur						
40							
18	Private foundation. If the organization did not ch	neck a box on line	e 13, 16a, 16b, 1	/a ,or 17b, chec	k this box and se	ee instructions	▶ [_]
							

Sched	ule A (Form 990 or 990-EZ) 2009 University of Ma	aryland Baltımoı	re Foundation,	Inc		31-1678679	Page 3
Par	t III Support Schedule for Organiz	zations Desci	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked t	he box on line	9 of Part I)				
	tion A. Public Support			<u></u>			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	i i					
	membership fees received (Do not						
	include any "unusual grants").						0
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities furnished					1	
	in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an	}					
	unrelated trade or business under section 513					ļ	0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						0
5	The value of services or facilities	ļi				 	
_	furnished by a governmental unit to the		,	i			
	organization without charge						0
6	Total. Add lines 1 through 5.	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
h	Amounts included on lines 2 and 3 received						
-	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					l	0
С	Add lines 7a and 7b	0	0	0	. 0	0	0
8	Public support (Subtract line 7c from			4			
<u>C</u>	line 6)	13. A. M. C. C.			22.5		0
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2005	(h) 2006	(=) 2007	(4) 2000	(-) 2000 T	/A Total
Can	endar year (or liscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar	ĺ					
	sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					1 1	
С							0
11	Add lines 10a and 10b	0	0	0	0	0	0
	Net income from unrelated business	0	0	0	0	0	
	Net income from unrelated business activities not included in line 10b,	0	0	0	0	0	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	0	0	0	0	0	0
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or	0	0	0	0	0	0
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets.	0	0	0	0	0	0
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0 0 0
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the ore	0	0	0	0	0	0 0 0
13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization, check this box and stop here	0 ganization's firs	0	0	0	0	0 0 0
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13 14 Sec 15 16 Sec	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, cd. Public support percentage from 2008 Schedution D. Computation of Investment Inc.	oganization's firs Percentage Dlumn (f) divider ule A, Part III, Iir	0 t, second, third d by line 13, co ne 15 age	0 I, fourth, or fifth Olumn (f))	0 tax year as a	0 section 501(c)(3	0 0 0 0 3) • □
13 14 Sec 15 16 Sec 17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, or Public support percentage from 2008 Schedution D. Computation of Investment Inc.	percentage clumn (f) divided the A, Part III, Income Percentate 10c, column (f)	t, second, third d by line 13, cone 15 age) divided by line	0 I, fourth, or fifth Olumn (f))	0 tax year as a	0 section 501(c)(3	0 0 0 0 0 0 00% 0 00%
13 14 Sec 15 16 Sec 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, or Public support percentage from 2008 Schedution D. Computation of Investment Inc. Investment income percentage from 2008 Schedutiovestment income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation D. Computation O. Computation O. Computation D. Computat	panization's firs Percentage Dlumn (f) divided Lie A, Part III, Into Ome Percent 10c, column (forbedule A, Part	t, second, third d by line 13, cone 15 age) divided by line III, line 17	0 I, fourth, or fifth olumn (f)) e 13, column (f	tax year as a	0 section 501(c)(3 15 16	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
13 14 Sec 15 16 Sec 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage from 2008 Schedution D. Computation of Investment Inc. Investment income percentage from 2008 Scand Schedution D. Support lines investment income percentage from 2008 Scand Schedution Scand Support lines Investment income percentage from 2008 Scand S	ganization's firs Percentage Dlumn (f) divided the A, Part III, Income Percent: 10c, column (f) chedule A, Part the theole A, Part the the theole A, Part the theole A, Part the theole A, Part the theole A, Part the theole A, Part the the theole A, Part the theole A, Part the theole A, Part the theole A, Part the theole A, Part the theole A, Part the the the theole A, Part the theole A, Par	t, second, third d by line 13, cone 15 age) divided by line III, line 17 eck the box on	0 I, fourth, or fifth olumn (f)) e 13, column (f	0 tax year as a)) e 15 is more th	0 section 501(c)(3 15 16 17 18 nan 33 1/3% and	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
13 14 Sec 15 16 Sec 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage from 2008 Schedution D. Computation of Investment Inc. Investment income percentage from 2008 Schedution D. Total support tests—2009. If the organization more than 33 1/3%, check this box and set of the organization more than 33 1/3%, check this box and set of the support tests—2009.	ganization's firs Percentage plumn (f) divided the A, Part III, Irr ome Percentate 10c, column (f) chedule A, Part thion did not che top here. The	d by line 13, cone 15 age) divided by line 17 eck the box on organization qu	0 I, fourth, or fifth olumn (f)) e 13, column (f line 14, and lin ualifies as a pu	0 tax year as a)) e 15 is more the	0 section 501(c)(3 15 16 17 18 nan 33 1/3% and d organization	0 0 0 0 3) • □ 0 00% 0 00% 0 00%
13 14 Sec 15 16 Sec 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, conception D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Support tests—2009. If the organization more than 33 1/3%, check this box and section D. The support tests—2009. If the organization more than 33 1/3%, check this box and section D.	panization's firs Percentage plumn (f) divided the A, Part III, Interpretation of the column (f) chedule A, Part thion did not chedule top here. The column of the chedule to the chedule a both the chedule and the chedule	d by line 13, cone 15 age) divided by line 17 eck the box on organization quix on line 14 or line	0 I, fourth, or fifth blumn (f)) e 13, column (f line 14, and lin ualifies as a pu ine 19a, and line	tax year as a)) e 15 is more the blicly supporte 16 is more than	0 section 501(c)(3 15 16 17 18 nan 33 1/3% and d organization 33 1/3% and	0 0 0 0 3) • □ 0 00% 0 00% 0 00%

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

	m 990 or 990-EZ) 2009	University of	Maryland Baltımı	ore Foundation, In-	C	31-1678679	Page 4
Part IV	Supplemental	Information.	Complete this	part to provide th	ne explanations required	by Part II, line	10;
					er additional information		
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SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

20**09**

Open to Public

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
 See the Instructions for Form 990.

Name of the Organization
University of Maryland Baltimore Foundation, Inc.

Employer identification number 31-1678679

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I **Employees** (C) (F) Position (check all that apply) Name and title Average hours Reportable Reportable Estimated per week Highest compensated employee compensation compensation amount of Individual trustee or director Institutional trustee Key employee from from related other the organizations compensation (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization and related organizations John C Weiss 3 Χ **Trustee** Garland O Williamson 2 Х Trustee 0 William T Wood Trustee Х T Sue Gladhill, CEO Trustee, Ex-Officio 16 Х 0 Judith S Blackburn, CFO Trustee, Ex-Officio 28 Х 0 0 Jay A Perman Trustee, Ex-Officio 2 Х 0

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.

20**09**

Open to Public Inspection

Name of the organization **Employer identification number** University of Maryland Baltimore Foundation, Inc. 31-1678679 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	ule D (Form 990) 2009		<u> </u>							Page 2
Par	III Organizations Maintaining C	collections of	Art, His	torical	Treasures	, or Oth	ner Similar A	ssets (c	ontını	ıed)
3	Using the organization's acquisition, ac	cession, and o	ther reco	rds, chec	k any of the	e followi	ng that are a s	ignıficant		
	use of its collection items (check all that	it apply)		-						
а	Public exhibition		d	Loan	or exchang	e progra	ams			
b	Scholarly research		е Г	Other						
С	Preservation for future generation	ns		•						
4	Provide a description of the organization Part XIV.	on's collections	and expl	ain how ti	hey further	the orga	anızatıon's exe	mpt purp	ose in	
5	During the year, did the organization so assets to be sold to raise funds rather to								es 🗌	No
Part		_	-		-	answe	red "Yes" to	Form 99	0, Par	t
	IV, line 9, or reported an amo									
1a	Is the organization an agent, trustee, c	ustodian or othe	er interm	ediary for	contributio	ns or ot	her assets not			,
	included on Form 990, Part X? .					•		Y	es X	No
þ	If "Yes," explain the arrangement in Pa	rt XIV and com	plete the	tollowing	table					
_	Paginning halance					4.5		Amount		
C C	Beginning balance Additions during the year	•				1c 1d				
d e	Distributions during the year					1 <u>u</u>				
f	Ending balance					1f				0
-	-	Tarra 000	Dank V. II.	212			· · · · · · · · · · · · · · · · · · ·		🔽	
2a b	Did the organization include an amoun If "Yes," explain the arrangement in Pa		rait A, II	ne z i r				r	es X	No
Part			ization a	answere	d "Yes" to	Form 9	90 Part IV I	ine 10		
		(a) Current year		or year	(c) Two year		(d) Three years ba		our years	back
1a	Beginning of year balance	82,012,328		,603,860		34 (A)	DESERT THE		-	App.
b	Contributions	6,126,908		,335,523						
С	Net investment earnings, gains,					tradition.	**************************************	100		49
	and losses	9,541,675	-22	,784,909	数 透影					
ď	Grants or scholarships	1,141,016		,243,055			**************************************		***	43
е	Other expenditures for facilities					2232			用酶	7.43 T
	and programs	196,392		213,697	的人。他		MYTANA			
f	Administrative expenses	797,919			标次次数	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	的图外是被解决	***	· 2010	ist.
g	End of year balance	95,545,584		,012,328	" ' A					S. F. W.
2	Provide the estimated percentage of th	-								
a	Board designated or quasi-endowment		2%							
b	Permanent endowment	98%_								
C	Term endowment %							L .		
3a	Are there endowment funds not in the paragraphs by	oossession of ti	ne organi	ization th	at are neio	and adn	ninistered for t	ne	Yes	NIO
	organization by (i) unrelated organizations							3a(i)	res	No X
	(ii) related organizations							3a(ii)		$\frac{\hat{x}}{x}$
b	If "Yes" to 3a(ii), are the related organizations	zations listed as	s required	ton Sche	edule R?			3b		<u> </u>
4	Describe in Part XIV the intended uses		-							
Part						art X. Iır	ne 10.			
	Description of investment	(a) Cost or oti			st or other	Γ	Accumulated	(d) Bo	ook valu	<u> </u>
		(investm		basis	s (other)	, de	epreciation	·· ··· · · · · · · · · · · · · · · · ·		
1a	Land		0		0		, ,			0
b	Buildings		0		0		0			0
C	Leasehold improvements		0		0		0	_		0
d	Equipment		0		0		0			0
<u>e</u>	Other	must savel F	0 000 0	lad V asi	0 ump (B) lu	L	, 0			0
rota	. Add lines 1a through 1e (Column (d)	nusi equal Fori	11 990, P	an X, col	umn (B), lir	ie IU(C)	<u>) </u>			0

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Total (Column (b) must equal Form 990, Part X col (B) line 25)

0

1,869,736

	University of Maryland Baltimore Foundation, Inc	31-1678679	
Schedule D (Form			Page 5
Part XIV	Supplemental Information (continued)		
		• • • • • • • • • • • • • • • • • • • •	
		· · · · · · · · · · · · · · · · · · ·	
			• • • • • • • • • • • • • • • • • • • •
			
			

Schedule F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

▶ See separate instructions.

OMB No 1545-0047

Open to Public

Inter	mal Revenue Service	•	Attach to Form 9	990. ► See separate instru	ctions.	Inspection
Nar	ne of the organization				En	nployer identification number
Un	iversity of Maryland	Baltimore Foundation	n, Inc			31-1678679
Pa		Information on Acorm 990, Part IV, line		de the United States. Cor	mplete if the organization	answered
1		intees' eligibility for th		ords to substantiate the amountstance, and the selection cri	<u>₹</u>	X Yes No
2	For grantmakers. United States	Describe in Part IV t	he organization'	s procedures for monitoring	the use of grant funds out	side the
3	Activities per Region	on (Use Schedule F-	1 (Form 990) if	additional space is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region

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

Unive	University of Maryland Baltimore Foundation, Inc.
Schedule F	Schedule F (Form 990) 2009
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization ans
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,

Dort II	Concedurer (Form 1994) Zoda	Tinepa Cot open	rage stone or Entities Outside the United States Complete if the organization answered "Ves" to Form 000	Outeide the II.	States Chatic	omplete if the	ac dollaridense	y "ao\" bereivi	Form 990
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.	cipient who received	ed more than \$5,0	00. Check this	box if no one r	ecipient receiv	ed more than \$5		A
	Use ochedule F-1 (Form 990) il additional sp	sau) ii addiional s	pace is lieeded.						
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
					0		0		
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	And the state of t				0		0		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

7

Schedule F (Form 990) 2009

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

ספס ספונים בולרטוון מפט וו מממום	- I(rolli 330) II additional space is needed.						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash	(f) Amount of non-cash	(g) Description of non-cash	(h) Method of valuation
				disbursement	assistance	assistance	(book, FMV, appraisal, other)
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						Schedule F	Schedule F (Form 990) 2009

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

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

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization					Employer identificat	ion number		
University of Maryland Baltimore Foundation	on, Inc				31-1678679			
Part I Fundraising Activities. Co	•	•		ered "Yes" to Forr	n 990, Part IV, lin	e 17.		
1 Indicate whether the organization ra	sed funds throu	gh any of	he followi	ng activities Check	all that apply			
a Mail solicitations		e 🔲 S	olicitation	of non-government	grants			
b Internet and email solicitations		f 🗌 S	olicitation	of government grar	nts			
c Phone solicitations				draising events				
d In-person solicitations		"	•	5 ·				
2a Did the organization have a written of	or oral agreeme	nt with any	ındividual	(including officers	directors trustees			
or key employees listed in Form 990						Yes No		
b If "Yes," list the ten highest paid indi		-			- '			
to be compensated at least \$5,000 b			oro, paroc	aunt to agreemente	and a minor the la	1101010110		
(i) Name of individual	(II) Activity	(iii) Did fund	raiser have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to		
or entity (fundraiser)			control of	from activity	(or retained by) fundraiser listed in	(or retained by)		
		contrib	utions?		col (i)	organization		
		Yes	No					
						•		
	 			0	0	0		
		L		0	0	0		
				0	0	0		
				0	0			
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				0	0	0		
	-							
				0	0	0		
				0	0	0		
	<u> </u>	<u> </u>		0	0	0		
Total			▶	o	0	0		
List all states in which the organization or licensing	-				·	t from		
	·		 -					
	· • • • • • • • • • • • • • • • • • • •	-			· · · · · · · · · · · · · · · · · · ·			

Pa	rt II		 S. Complete if the organ on Form 990-EZ, line 6a 			
		more than \$15,000	(a) Event #1 CICL fundraisers (event type)	(b) Event #2 Fund for Medicine (event type)	(c) Other events 10 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	138,671	121,655	263,814	524,140
Rev	2	Less Charitable contributions Gross income (line 1	56,257	49,355	107,029	212,641
_		minus line 2)	82,414	72,300	156,785	311,499
	4	Cash prizes	0	0	0	0
	5	Noncash prizes .	0	0	0	0
ses	6	Rent/facility costs	0	0	0	0
Direct Expenses	7	Food and beverages	0	0	0	0
Orrect	8	Entertainment	0	0	0	0
	9	Other direct expenses	61,122	44,333	88,460	193,915
		Direct expense summary		• •		(193,915)
Pa		Net income summary Cor Gaming. Complete than \$15,000 on Fo	if the organization answ		00, Part IV, line 19, or r	eported more
Revenue		111311 \$ 13,000 011 1	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reve	1_	Gross revenue				0
SS	2	Cash prizes				0
chens	3	Noncash prizes				0
Direct Expenses	4	Rent/facility costs				0
٥	5	Other direct expenses				0
	6	Volunteer labor	Yes % No	Yes %	Yes %	
	7	Direct expense summary	Add lines 2 through 5 in co	olumn (d)		(0)
	8	Net gaming income summ	ary Combine line 1, colum	nn d, and line 7	•	0
9 a b	Is	nter the state(s) in which the the organization licensed to "No," explain	-	-	,	9a
10a b		ere any of the organization' "Yes," explain	s gaming licenses revoked	d, suspended or terminate		10a
11 12	ls	pes the organization operat the organization a grantor, rmed to administer chantab	beneficiary or trustee of a		artnership or other entity	11 12

Sched	ule G (Form 990 or 990-EZ) 2009						Page 3
						Yes	No
13	Indicate the percentage of gaming activity operated in			3			機器
а	The organization's facility	13a		%			
b	An outside facility	13b		%			
14	Enter the name and address of the person who prepares the organization's gaming/s	pecial	events books		2		
	and records						
							350
	Name ▶			3	200		
	Address ▶						
15a	Does the organization have a contract with a third party from whom the organization re	eceive	s gaming				
	revenue?			L	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲		and the	2		12	
	amount of gaming revenue retained by the third party ▶ \$						
C	If "Yes," enter name and address of the third party			. 3		4	
					7		77
	Name ▶			7,3			
	Address •			F33			
					W 5		
16	Gaming manager information			-			
	Name •			17			
	Name			·- [100
	Gaming manager compensation ► \$ 0			£ 5	ÇIJ.		
	Canning manager compensation of a			"."." ","	37, 31 46, 31		
	Description of services provided			×.			*
				. <u> </u>	45.7		
	Director/officer Employee Independent contract	tor					
				7.7			
17	Mandatory distributions				2	- Tag.	(1)
а	Is the organization required under state law to make charitable distributions from the g	gaming	proceeds to	3 4 2 5	યુર્જ ટ્યુ	10	
	retain the state gaming license?	•		[-	17a		
b	Enter the amount of distributions required under state law to be distributed to other ex	empt o	organizations	17	,	1,50	2 2 2
	or spent in the organization's own exempt activities during the tax year		-	I.	2,1		-

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

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047 Open to Publi

Inspectior Employer identification number

31-1678679

University of Maryland Baltimore Foundation, Inc. Name of the organization

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General Information on Grants and Assistance	פֿו
ě	5
ē	ا ا
G	٤
	se the organization maintain records to substantiate the amount of the grants or as

Part I

ž X Yes . Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance?

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Part IV and Schedule I-1 (Form 990) if additional space is needed	ıle I-1 (Form 99	30) if additional s	pace is needed	onal space is needed	•		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Maryland, Baltimore. Lombard & Greene Streets Baltim	52-6002033	115	10,757,025	0			Education/research
University of MD Emergency Medi 110 S Paca Street, 6th Floor, Ste	52-1403415	50163	1,000,000	0			Clinical support
University of MD Eye Associates, 419 W. Redwood Street, Suite 420	52-6148737	50103	5,414	0			Clinical support
University of Washington Foundate P O Box 357137 Seattle, WA 981	94-3079432	501c3	6,639	0			Education/research
James Lawrence Kernan Hospital 2200 Kernan Drive Baltimore, MD	52-1362793	501c3	102,961	0			Clinical support
Maryland Public Interest Law Proje	52-1620485	501c3	44,000	0			Clinical support
Medical Alumni Association of the 522 W Lombard Street Baltimore,	52-0615433	501c3	17,500	0			Education/research
Mississippi Center for Justice P.O Box 1023 Jackson, MS 3921	13-4203234	50103	37,500	0			Education/research
Shock Trauma Associates, PA (ST	52-1119350	501ç3	128,815	0			Clinical support
University of Maryland Student Ba	52-6002033	115	6,400	0			Education/research
The George Washington Universit 725 21st Street, NW, Suite 105 W	53-0196584	50103	26,000	0			Education/research
U of MD Otorhinolaryngology Head 16 S Eutaw Street, Suite 500 Balt 35-2249021	35-2249021	501c3	150,722	0			Clinical support
2 Enter total number of section 501(c)(3) and government	n 501(c)(3) and		organizations				26

Enter total number of other organizations

Schedule I (Form 990) 2009

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

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.

Use Fait IV and Schedule 1-1 (FOIIII 390) II a	aso) ii doninoriar	idulional space is needed.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Programatic assistance to indigent area residents	75	8,301	0		
School of Dentistry scholarships & awards	2	1,100	0		
School of Law scholarships & awards	18	37,851	0		
School of Medicine scholarships & awards	36	32,313	0		
School of Nursing scholarships & awards	39		0		
School of Pharmacy scholarships & awards	2	5,000	0		
School of Social Work scholarships & awards		100	0		

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

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

SCHEDULE 1-1 (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.

2009 No 1545-0047

Open to Public Inspection

Employer identification number

Education/research Education/research Education/research Education/research Education/research Education/research (h) Purpose of grant or assistance Clinical support Clinical support Clinical support Clinical support Clinical support Clinical support Clinical support Clinical support Clinical support Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of non-cash assistance 31-1678679 (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 12,654 7,569 38,483 34,022 6,480 8,639 22,094 10,000 9.100 5,000 16,755 335,685 215,035 27,945 (d) Amount of cash grant 11,165 (c) IRC section if applicable 501c3 50103 50103 50103 501c3 501c3 50103 50103 501c3 50103 501c3 50103 501c3 501c3 115 52-1274266 52-1362793 52-1103228 20-2588279 Jniversity of Maryland Baltimore Foundation, Inc. 52-6002033 52-0913438 95-6006143 52-1456103 94-2581680 52-1182593 52-1266476 52-1557551 04-2103545 26-0150662 (p) EIN 405 W Redwood Street, 4th Floor 650 W Baltimore Street Baltimore 22 S Greene Street, GGK0101 Bd 200 McAllister Street San Francisd 500 W Baltimore Street Baltimore 22 S Greene Street Baltimore, MI University of Maryland Pediatric A 11 S Paca Street, Third Floor Balt 140 Commonwealth Avenue Ches University of Maryland Clinical Law 29 S Paca Street Baltimore, MD 2 Juiversity of Maryland OB-GYN A Box 951432, 1125 Murphy Hall Lo University of Maryland Family Med University of Maryland Medical Sy 700 W Lombard Street Baltimore, Juiversity of Maryland Physicians, 419 W Redwood Street, Suite 660 Regents of the University of Califo Centro De Los Derechos Migrante PO Box 025250 #11540 Miami, FL The Gordon Research Conference UM FDSP Associates, PA Juiversity of Maryland Surgical As Juiversity of Maryland Radiation 512 Liberty Lane West Kingston, JC Hastings College of the Law (a) Name and address of organization Trustees of Boston College or government Part

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

Schedule I-1 (Form 990) 2009

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

University of Maryland Baltimore Foundation, Inc.

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

Open to Public Inspection

31-1678679

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

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990). Part II.)	ants and Othe	er Assistance to	Governments and	Organizations in the	he United States (S	chedule I (Form 99)	0). Part 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
Bon Secours of MD Foundation 26 N Fulton Avenue Baltimore, M	52-1732800	50103	5,579	0			Education/research
	42-1593019	50103	6,739	0			
			0	0			
			0	0			
			0	0			
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			0	0			
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			0	0			
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Schedule I-1 (Form 990) 2009

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

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

University of Maryland Baltimore Foundation, Inc.

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.

► Attach to Form 990. ___ ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

31-1678679

Pa	Questions Regarding Compensation			Yes	No
1a		provided any of the following to or for a person listed in Form	2		
	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	X Health or social club dues or initiation fees			
	X Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	or reimbursement or provision of all of the expense	organization follow a written policy regarding payment es described above? If "No," complete Part III to	46		
2	explain	roumburging or allowing oversees incurred by all	1b	X	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		2	l x	ľ
	Sincere, directors, tractices, and the Oleranouth	b bilestor, regarding the hems cheated in the ra	2-124	表為心	HY
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all the				
	Compensation committee	Written employment contract		20	
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
4	organization or a related organization	, Part VII, Section A, line 1a, with respect to the filing			
a b	Receive a severance payment or change-of-control Participate in, or receive payment from, a supplem	·	4a 4b		X
c	Participate in, or receive payment from, an equity-t	·	4c		x
		rovide the applicable amounts for each item in Part III		2.2	,, ;}
	Only section 501(c)(3) and 501(c)(4) organization	ons must complete lines 5–9.		j. j.N	30.4
5	For persons listed in Form 990, Part VII, Section A	, line 1a, did the organization pay or accrue any	1		
	compensation contingent on the revenues of		-	- 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a b	The organization? Any related organization?		5a 5b	 	X
D	If "Yes" to line 5a or 5b, describe in Part III	•	30		42933
6	For persons listed in Form 990, Part VII, Section A	, line 1a, did the organization pay or accrue any	2.2	,	, 760, 7
	compensation contingent on the net earnings of		<u></u>	- 	
а	The organization?		6a		X
b	Any related organization?		6b_	<u> </u>	X
7	If "Yes" to line 6a or 6b, describe in Part III	line to did the assessment on manuals and one fixed	<u></u>	عشت	
7	payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		×
8	Were any amounts reported in Form 990, Part VII,				 ^
-	subject to the initial contract exception described in				
	in Part III	· · · · · · · · · · · · · · · · · · ·	8		_ x
9	If "Yes" to line 8, did the organization also follow the	e rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?		9]

Page 2

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.

	1						
	2	of vv-z and/or 1099-MISC compensation	ISC compensation	C) Retrement and			(E) Companention
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)—(D)	reported in prior
			compensation	Compensation			Form 990-EZ
(0)		0					0
(ii)		0 0	0	0	0	0	0
(9))						
(ii)		0	0	0	0	0	
9		0					
(ii)			0	0	0	0	4 1 1 1 1 1 1 1 1 1 1 1
9		0					
			0	0	0	0	
(2)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
(ii)				0	0	0	
3		0	0				
(i)				0	0	0	· · · · · · · · · · · · · · · · · · ·
€							
(ii)			0	0	0	0	0
8			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(ii)						0	
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						0	0
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(ii)				0		0	0
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(II)			0	0		0	0
=		0	0	0	0	0	0
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	0	0	0	0	0	0	О
(ii)	0			0		0	0
(E)	0	0	0	0	0	0	0
(ii)				0	0	0	0
<u> </u>	0	0	0	0	0	0	О
(ij)	0					0	0
	0	0	0	0	0	0	0
(ii)	0				<u></u>	0	0

Schedule J (Form 990) 2009

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part is \$113,641 in her role as President and Chief Executive Officer of the organization. Judith S. Blackburn received compensation in Part I Line a The discretionary spending account available to the President/CEO of the organization is used exclusively for Part If T Sue Gladhill received compensation in the form of salary from the University of Maryland, Baltimore, a portion of which President/CEO is also provided a membership to a private dining and meeting establishment for the sole purpose of conducting the form of salary from the University of Maryland, Baltimore, a portion of which is \$140,207 in her role as Treasurer and Chief business related activities and each expenditure is reviewed by the Treasurer of the organization for appropriate use. The Part II (continued from above) compensation or benefits in connection with service to the Foundation Financial Officer of the organization. No other officer, director, or trustee received (continued below). Supplemental Information for any additional information Foundation business [] Part III

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

Name of the organization

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047

Open to Publi

Employer identification number

31-1678679

Attach to Form 990 to list additional information for Schedule J (Form 990), Part II. ▶ See Instructions for Schedule J (Form 990).

University of Maryland Baltimore Foundation, Inc.

Part | Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

Part	Continuation of Officers, D	lrec	tors, Irustees,	key Employees	, and Hignest Co	mpensated Emp	Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J. Part II	3 J, Part II)	
		1	(B) Breakdown of	of W-2 and/or 1099-M	IISC compensation	(C) Retirement and	:		(F) Compensation
	(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	(U) Nontaxable benefits	(E) Total of columns (B)(I)–(D)	reported in prior Form 990 or Form 990-EZ
		Ξ	0				0	О	0
		€	0		0	0	0	0	0
		Ξ						0	0
		(II)	0		0	0	0	0	0
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		€	0		0 0	0	0	0	0
		Ξ	0					0	0
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		€	0		0	0	0	0	0
		ε	0		0 0		0	0	0
		Ξ	0		0	0		0	0
		ε						0	0
		(ii)	0		0 0		0	0	0
		ε	0			0	0	0	0
		(E)	0		0			0	0
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		€	0		0	0		0	0
		ε	0				0	0	0
		(ii)	0		0 0	0		0	0
		(3)	0					0	0
		<u>(ii)</u>	0		0 0	0	0	0	0
		(i)	0		0	Ö	0	0	0
		(ii)				:		0	0
		ε	0			0	0	0	0
		Ξ	0		0			0	0
		ε	0		0	0	0	0	0
		(ii)	0					0	0
		ε	0				0	0	0
		€	0		0	0		0	0

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

Schedule J-1 (Form 990) 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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

University of Maryland Baltimore Foundation, Inc.

Employer identification number

31-1678679

Par	Types of Property			•				
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meth	(d) lod of de revenu		g
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications		八多种/ 正/ 《数·物語》					
5	Clothing and household							
_	goods		A SECTION AND ADDRESS OF THE PARTY AND ADDRESS					
6	Cars and other vehicles		7.702.1000				_	
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	X	52	642.684	Average	marke	t high/	low
10	Securities—Closely held stock			,				
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous	Х	1	500,000	Cash equ	uvalen	t	
13	Qualified conservation							
	contribution—Historic	İ						
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy	<u> </u>						
22	Historical artifacts							
23	Scientific specimens				<u> </u>			
24	Archeological artifacts				<u> </u>			
25	Other ► ()		0	 	 			
26	Other ► ()		0		-			
27	Other ► ()		0	0				
28	Other ► ()		0	0				
29	Number of Forms 8283 received	i by the o	rganization during the tax ve	ar for contributions for				
	which the organization complete	-			29			
	.		,,,,,				Yes	No
30 a	During the year, did the organiza	ation rece	ive by contribution any prope	erty reported in Part I, lines 1	-28		e 3/2	٠.
	that it must hold for at least three		- · · · · · · · · · · · · · · · · · · ·				14	1
	required to be used for exempt p	-				30a		X
b	If "Yes," describe the arrangement						1	-
31	Does the organization have a gr			eview of any non-standard			l	
•	contributions?		, ,	•		31	X	
32 a	Does the organization hire or us	e third pa	rties or related organizations	to solicit, process, or sell				
	noncash contributions?	- P-		,, ·, -		32a		х
b	If "Yes," describe in Part II		•					٧.
33	If the organization did not report	revenues	s in column (c) for a type of p	roperty for which column (a)	IS		1	
	checked, describe in Part II							

Schedule M (6	University of Maryland Baltimore Foundation, Inc Form 990) 2009	31-1678679	o 2
Part II	Supplemental Information. Complete this part to provide the in 32b, and 33. Also complete this part for any additional information.	formation required by Part I, lines 30b,	Page 2
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number University of Maryland Baltimore Foundation, Inc. 31-1678679 Form 990 Part III Line 4a (CONTINUED) information about those schools is included in lines 4b and 4c of Part III Form 990 Part VI Section A Line 10 A draft version of form 990 (Public Disclosure Copy) is provided to the Executive Committee of the organization's Board of Trustees This committee convenes to review the return. Any corrections or suggestions are made to the draft return. which is then mailed to all of the members of the full Board of Trustees Upon formal approval by this body, the return is signed by a public accounting firm and the Treasurer of the organization and electronically filed with the Internal Revenue Service by the extended due Form 990 Part VI Section C Line 19 The organization maintains a public disclosure file in its office where the books and records are maintained. This file contains IRS form 1023 Application of Recognition of Exemption, the public disclosure version of IRS form 990 Return of Organization Exempt from Income Tax for the three most recent fiscal years, and an information sheet that explains the public disclosure file requirement. These documents plus the Articles of Incorporation, Bylaws, Conflict of Interest & Nepotism policy, and audited financial statements are available on the organization's website Form 990 Part VI Section B Line 12c The Board of Trustees and Officers of the organization are required to review the Conflict of Interest Policy and complete a disclosure form annually to indicate anything that they perceive to be a conflict as described in the policy. The President of the organization maintains a record that indicates compliance with this policy be each board member which she then provides to the Audit & Finance Committees Form 990 Part VI Section B Line 15b The organization has no employees. Members of the organization's workforce are employees of the University of Maryland, Baltimore (UMB). The organization reimburses the University annually for its share of the compensation. UMB is part of the University System of Maryland which is a state agency, therefore the compensation of

the officers and members of the organization's workforce is established, monitored, and

Name of the organization	Page Z
University of Maryland Baltimore Foundation, Inc	Employer identification number 31-1678679
governed by regulations and guidelines in place for all State of Maryland employees. In	
addition, the organization's budget, which includes salaries in the aggregate, is reviewed	
annually by the Audit and Finance Committees and by the full Board of Trustees	
Form 990 Part III Line 4c (CONTINUED) the habits of reflection and analysis needed to develop	o
and retain a professional "moral compass". A cross-cultural component will expand the law	
school's clinical program to disadvantaged communities across the country and around the	
globe. This program is being jointly funded by the Fetzer Institute and the University of	
Maryland School of Law	
Form 990 Part VII Section B Line 1 Stewart J Greenebaum is the developer of land that was	
donated to the organization in order to prepare the property for sale so that the proceeds can	
fund a professorship in the School of Medicine Maroon PR, Inc is retained by the organization	
to support an effort to rebrand the University to distinguish it from other campuses in the	
system and to enhance its image to its contituents PACSC (Project & Construction Services	
Corporation) provided furniture and interior design consulting services for the Center for	
Integrative Medicine for its relocation from the Kernan Hospital Campus to East Hall in the	
Baltımore City Campus	

Form 8868

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

File a separate application for each return

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

internal Revenue S	ervice		
 If you are fr 	ling for an Automatic 3-Month Extension, complete only Part I and check this box	 X	
	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (o n pag te Part II unless you have already been granted an automatic 3-month extension on a prev		
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).		
	required to file Form 990-T and requesting an automatic 6-month extension - check this b	ox and complete	
Part I only			
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 76 ome tax returns.	004 to request an extension of	
one of the re- electronically returns, or a co	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autiturns noted below (6 months for a corporation required to file Form 990-T). However f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms of or consolidated From 990-T. Instead, you must submit the fully completed and electronic filing of this form, visit www.irs.gov/efile and click on e-file for Constants.	er, you cannot file Form 8868 990-BL, 6069, or 8870, group I signed page 2 (Part II) of Form	
Type or	Name of Exempt Organization	Employer identification number	
print	UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION	31-1678679	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions		
due date for	660 W. REDWOOD STREET		
return. See City, town or post office, state, and ZIP code For a foreign address, see instructions			
instructions	BALTIMORE, MD 21201-1541		
Check type o	f return to be filed (file a separate application for each return):		
X Form 990		m 4720	
Form 990	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227		
Form 990	-EZ Form 990-T (trust other than above) Form	m 6069	
Form 990	-PF Form 1041-A For	rm 8870	
If the organIf this is for	No. ► 410 706.2949 FAX No. ► 410 706.0338 Prization does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN)		
	group, check this box If it is for part of the group, check this box are all members the extension will cover.	nd attach a list with the	
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
To the the exempt organization return for the organization named above. The extension is			
for the o	ganization's return for:		
► X	calendar year or tax year beginning 07/01, 2009 , and ending	06/30, 2010 .	
2 If this tax	year is for less than 12 months, check reason: Initial return Final return	Change in accounting period	
3a If this ap	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any	
nonrefun	dable credits. See instructions.	3a \$ 0.	
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	payments	
	clude any prior year overpayment allowed as a credit	3b \$ 0.	
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required	l, deposit	
	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System		
instruction		3c \$ 0	
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-E	O and Form 8879-EO	
for payment in	structions		

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.