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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009

Open to Public

Inspection A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 D Employer identification number B Check if applicable Please TOWSON UNIVERSITY FOUNDATION INC use IRS label or Address change 52-0939453 E Telephone number print or type. See Name change (410) 704-2040 Specific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 11,232,717 8000 YORK ROAD Terminated tions. Amended return City or town, state or country, and ZIP + 4 TOWSON, MD 212520001 Application pending Name and address of principal officer Is this a group return for Dr Gary N Rubin affiliates? 8000 YORK ROAD TOWSON, MD 212520001 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► WWW TO WSON EDU/TUFOUNDATION K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1970 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities TO RAISE, INVEST, AND DISBURSE FUNDS FOR THE BENEFIT OF TOWSON UNIVERSITY Activities & Governance 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) 15 82 Total number of employees (Part V, line 2a) . 15 Total number of volunteers (estimate if necessary) . . . Total gross unrelated business revenue from Part VIII, column (C), line 12 . 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 7,318,703 5,042,203 Program service revenue (Part VIII, line 2g) . 253,140 313,329 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 751,599 1,137,596 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 413,865 11 380.025 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 8,703,467 6,906,993 2,084,829 13 1,991,606 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 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-Expenses 1,043,219 928,737 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 172,726 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 1,807,478 1,816,492 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 4,842,303 4,830,058 Revenue less expenses Subtract line 18 from line 12 . 3,861,164 2,076,935 t Assets or nd Balances Beginning of Current **End of Year** Year 45,205,064 20 39,586,403 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 1,297,441 1,330,055 Net assets or fund balances Subtract line 21 from line 20 22 38,288,962 43,875,009 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian 2011-05-06 Signature of officer Here Dr Gary N Rubin Executive Vice President Type or print name and title Date Check if Preparer's identifying number Preparer's SUSAN KELLER (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours ELLIN & TUCKER CHARTERED EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 100 S CHARLES ST SUITE 1300 Phone no (410) 727-5735 BALTIMORE, MD 21201 May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Part III Statement of Program Service Accomplishments

 Briefly describe the organization's mis 	SIOI	missic	ทเรรเด
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TO WSON UNIVERSITY FOUNDATION, INC IS ORGANIZED TO RECEIVE, HOLD, INVEST, MANAGE, USE, DISPOSE OF AND ADMINISTER PROPERTY OF ALL KINDS WHETHER GIVEN ABSOLUTELY, IN TRUST OR BY WAY OF AGENCY OR OTHERWISE FOR THE BENEFIT AND PROMOTION OF TO WSON UNIVERSITY OR FOR ALL OF THE EDUCATION AND SUPPORT ACTIVITIES THAT MAY BE CONDUCTED BY TO WSON UNIVERSITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 99.0 er 990.E27		
Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program service 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 (Code) (Expenses \$ 854,571 including grants of \$ 854,571) (Revenue \$ 313,329) SCHOUARSHIPS AND AWARDS TOWSON UNIVERSITY FOUNDATION IS COMMITTED TO PROVIDING STUDENTS WITH THE OPPORTUNITY TO OBTAIN A LIBERAL EDUCATION. AND EDUCATION THAN FULLY STUDENTS WITH THE OPPORTUNITY TO OBTAIN A LIBERAL EDUCATION. AND EDUCATION HAS HELPS STUDENTS EVENUE OF the ABILITY TO HINK CRITICALLY, TO BE LITERAL, BIFORDED AN ARTICLIARY, TO HONOR CRITICALLY, TO BE LITERAL. BIFORDED AND ARTICLIARY, TO HONOR CRITICALLY, TO BE LITERAL. BIFORDED AND ARTICLIARY, TO HONOR CRITICALLY, TO BE LITERAL. BIFORDED AND ARTICLIARY, TO HONOR CRITICALLY, TO BE LITERAL. BIFORDED AND ARTICLIARY, TO HONOR CRITICALLY, TO BE LITERAL. BIFORDED AND ARTICLIARY, BIFORD AND ARTICLIARY, TO BE LITERAL. BIFORDED AND ARTICLIARY. BIFORD AND ARTICLIARY AND FUNDATION HAS 268 ENDOWED SCHOLARSHIPS AND PRESENTS ADDITIONAL CASH AWARDS EACH YEAR TO DESERVING STUDENTS SINCE STATE OF MARYLAND FUNDATION HAS 268 ENDOWED SCHOLARSHIPS AND PRESENTS ADDITIONAL CASH AWARDS EACH YEAR TO DESERVING STUDENTS SINCE STATE OF MARYLAND FUNDATION HAS ARRIVED STATE OF MARYLAND FUNDATION HAS ARRIVED STATE OF MARYLAND FUNDATION HAS ARRIVED STATE OF ARRIVED STATE OF MARYLAND FUNDATION HAS ARRIVED STATE OF A	2	
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Part TV	Checklis	st of De	auired 9	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	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	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete 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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

ar	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a	84		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	82		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country 📂			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
,	5b		No	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?			No
1	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 on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
J	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			

10b

11a

11b

12b

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club

b Gross income from other sources (Do not net amounts due or paid to other sources

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

against amounts due or received from them)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the

facilities

year

Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders . . .

12a

(410) 704-3278

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b

	below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
Se	ection A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body 1a 15			
	Enter the number of voting members that are independent . 15			
2	Old any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
1	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
5	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
•	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
L1	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
L1A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
L2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
L3	Does the organization have a written whistleblower policy?	13	Yes	
L 4	Does the organization have a written document retention and destruction policy?	14	Yes	
L 5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exampt status with respect to such arrangements?			
_	organization's exempt status with respect to such arrangements?	16b		

- DC
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply ✓ Own website ✓ Another's website ✓ Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 JOHN J MEASE JR 7720 YORK ROAD TOWSON, MD 21204

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

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
(A) Name and Title	(A) Name and Title (B) A verage Position (che hours that appl				ckal			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC) The property of the organizations (W-2/1099-MISC) The property of the organizations (W-2/1099-MISC)		compensation from the organization and related organizations
DANIEL J MCCARTHY PRESIDENT	4 00	X		Х				0	0	0
JOHN A HAYDEN III ESQ VICE PRESIDENT	4 00	х		Х				0	0	0
MOLLY F SHOCK SECRETARY	4 00	х		Х				0	0	0
BRYAN M THALER TREASURER	4 00	Х		Х				0	0	0
ANNE DOYLE ESQ DIRECTOR	1 00	Х						0	0	0
THOMAS BERENBACH DIRECTOR	1 00	Х						0	0	0
J WILLIAM MURRAY DIRECTOR	1 00	Х						0	0	0
HOWARD J ROSEN CPA DIRECTOR	1 00	Х						0	0	0
IRA W COX DIRECTOR	1 00	х						0	0	0
MARK C SULLIVAN DIRECTOR	1 00	х						0	0	0
RAYMOND J BRUSCA DIRECTOR	1 00	х						0	0	0
LAWRENCE H LETOW DIRECTOR	1 00	х						0	0	0
MARCIA ZERCOE DIRECTOR	1 00	Х						0	0	0
EDWIN S CRAWFORD DIRECTOR	1 00	Х						0	0	0
EDWIN F HALE JR DIRECTOR	1 00	х						0	0	0
John j mease jr VP OF FINANCE	45 00			х				107,706	0	7,809
		_								

Forr	m 990 (2009)				Page		
1b	Total	107,706	0		7,80		
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization►1						
				Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, on line 1a? If "Yes," complete Schedule J for such individual		employee 3		No		
4	4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual						
5	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person						
s	Section B. Independent Contractors						
1	Complete this table for your five highest compensated independent contracto \$100,000 of compensation from the organization	rs that received more tha	in				
	(A) Name and business address		B) of services	Compe			
PO E	RTWELLSCOMPASS GROUP USA BOX 91337 CAGO, IL 60693	FOOD SERVICES			220,833		
A14	SPORTS CARVER PLACE RENCEVILLE, NJ 08648	TRAVEL SERVICES	5		125,065		
	Total number of independent contractors (including but not limited to those list	ed above) who received i	more than				

Form **990** (2009)

\$100,000 in compensation from the organization 🗠 2

Form 99	•		f D					Page 9
Part V	/	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ \$2	1a	Federated cam	paıgns 1a					
E T	b	Membership du	es 1b					
ું.હ	c	Fundraising eve	ents 1c	12,362				
<u>≅</u> ਰੋ	d	Related organiz	rations 1d					
ons, g simila	e	Government grants	s (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	ons, gifts, grants, and 1f ot included above butions included in 81,535	5,029,841				
and	h	IIIIes ra-ri b —	s 1a-1f	•	5,042,203			
<u> </u>				Business Code				
Program Service Revenue	2a	MEMBERSHIP FEES	5	900,099	241,510	241,510		
æ	Ь	SALES/MISC/CERA	MIC GUI	900,099	71,819	71,819		
926	c							
<u> </u>	d							
Ē	e							
× 25	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f		313,329			
	3		ome (including dividen		·			
		and other simila	aramounts)	▶	991,980			991,980
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties			19,396			19,396
			(ı) Real	(11) Personal				
	6a	Gross Rents	858,338					
	b	Less rental expenses	730,118					
	c	Rental income or (loss)	128,220					
	d		me or (loss)		128,220			128,220
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	3,604,266					
	Ь	Less cost or other basis and	3,458,650					
		sales expenses	145.616					
	C	Gain or (loss)	145,616		145,616			145,616
A.	d 8a	Gross income f	rom fundraising		113,010			113,010
Other Revenue		\$12	<u>,362</u> s reported on line 1c)					
Č		See rait IV, iiii	a .	283,296				
<u> </u>	ь	Less direct ex	penses b	136,956				
5	c		(loss) from fundraising		146,340			146,340
	9a	Gross income f See Part IV, lin	rom gaming activities ie 19 a					
	b c		penses b (loss) from gaming acti	vities				
	-		inventory, less owances .					
	ь		a oods sold b					
	С		(loss) from sales of inve					
		Miscellaneous		Business Code	76 020			76.020
	11a	SPECIAL PRO		900,099	76,939			76,939
	b	OTHER INCOM	1 E	900,099	42,970			42,970
	C							
	d	All other revenue						
	е	Total. Add lines	s 11a-11d		119,909			
	12	Total revenue.	See Instructions .	▶	6,906,993	313,329	0	1,551,461

	990 (2009)				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).									
		complete columr	(B), (C), and (B)	(D).	(D)				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,078,334	2,078,334						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,495	6,495						
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	115,515		115,515					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	660,386	486,018	124,562	49,806				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	42,381	32,927	9,454					
9	Other employee benefits	46,461	32,978	13,483	_				
10	Payroll taxes	63,994	44,043	17,953	1,998				
11	Fees for services (non-employees)		,						
а	Management								
b	Legal	5,032		5,032					
c	Accounting	39,144		39,144					
d	Lobbying			52,211					
e	Professional fundraising See Part IV, line 17								
f	Investment management fees	130,473	76,153	54,320					
g	Other	306,368	291,130	8,100	7,138				
12	Advertising and promotion	533,795	463,361	0,100	70,434				
13	Office expenses	32,055	27,161	3,548	1,346				
14	Information technology	22,568	17,185	5,383	1,510				
15	Royalties	22,300	17,103	3,303					
16	Occupancy	7,332	5,706	1,560	66				
17	Travel	288,874	284,256	205	4,413				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	200,074	204,230	203	4,413				
19	Conferences, conventions, and meetings	20,589	19,656		933				
20	Interest	20,505	13,030						
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	6,174		348	5,826				
23	Insurance	38,137	28,076	10,061	3,020				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	30,137	29,070	10,001					
а	EDUCATIONAL PROGRAMS	153,148	153,148						
ь	EQUIP RENTAL & MAINT	67,267	66,523	744	_				
c	DUES AND MEMBERSHIPS	60,980	57,736	3,244					
d	CREDIT CARD FEES/MISC	54,749	28,516	2,587	23,646				
e		49,807	40,618	2,069	7,120				
f	All other expenses		·		<u> </u>				
25	Total functional expenses. Add lines 1 through 24f	4,830,058	4,240,020	417,312	172,726				
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	, = 1, = 3	,,	,	·,·				
. —									

Pa	rt X	Balance Sheet					
				(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing		915	1	915	
	2	Savings and temporary cash investments	7,806,199	2	1,994,595		
	3	Pledges and grants receivable, net					
	4	Accounts receivable, net			4	19,847	
	5	Receivables from current and former officers, directors, trustees, kerhighest compensated employees. Complete Part II of	y employees, and				
		Schedule L			5		
	6	Receivables from other disqualified persons (as defined under section persons described in section $4958(c)(3)(B)$ Complete Part II of	n 4958(f)(1)) and				
		Schedule L			6		
ssets	7	Notes and loans receivable, net			7	150,000	
Š	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges		57,952	9	75,840	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D 10	176,804				
	ь	Less accumulated depreciation	b 172,191	10,788	10c	4,613	
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11		27,723,137	12	39,561,707	
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		2,525,364	15	2,644,189	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	39,586,403	16	45,205,064		
	17	Accounts payable and accrued expenses .	294,288	17	328,555		
	18	Grants payable			18		
	19	Deferred revenue			19		
_	20	Tax-exempt bond liabilities			20		
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D			21		
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		
	23	Secured mortgages and notes payable to unrelated third parties .		1,000,000	23	1,000,000	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities Complete Part X of Schedule D		3,153	25	1,500	
	26	Total liabilities. Add lines 17 through 25	1,297,441	26	1,330,055		
,		Organizations that follow SFAS 117, check here ▶ 🔽 and complete	lines 27			_	
Fund Balance		through 29, and lines 33 and 34.					
<u> </u>	27	Unrestricted net assets		-2,247,727	27	768,598	
ñ	28	Temporarily restricted net assets		9,228,015	28	10,127,693	
2	29	Permanently restricted net assets		31,308,674	29	32,978,718	
æ		Organizations that do not follow SFAS 117, check here ▶ ☐ and co	mplet e				
ŏ	20	lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds		20 200 200	32	40.075.000	
Net	33	Total net assets or fund balances		38,288,962	33	43,875,009	
	34	Total liabilities and net assets/fund balances		39,586,403	34	45,205,064	

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	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		No
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)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

Public Charity Status and Public Support

4947(a)(1) nonexempt charitable trust.

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

Employer identification number

TOWSON UNIVERSITY FOUNDATION INC 52-0939453 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other Type I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) /iii)

(i) Name of supported organization	(ii) EIN	Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		Did you n organiza col (i) o supp	otify the ation in of your	Is t organıza col (ı) or	(vi) Is the organization in col (i) organized in the US?	
		instructions))	Yes	No	Yes	No	Yes	No	<u> </u>
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

-	ection A. Public Support	ou checked the	box on line 5,	7, or 8 of Part I	.)			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	4,106,77	8 5,508,432	6,612,371	7,318,703	5	,054,565	28,600,849
2	grants ") Tax revenues levied for the organization's benefit and either							
3	paid to or expended on its behalf The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	4,106,77	5,508,432	6,612,371	7,318,703	5	,054,565	28,600,849
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							13,907,770
6	(f) Public Support. Subtract line 5 from line 4							14,693,079
S	ection B. Total Support	•	•		•		•	
Cal	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
7	beginning in) A mounts from line 4	4,106,778	1,093,636	6,612,371	7,318,703	5	,054,565	28,600,849
8	Gross income from interest,	, ,	. ,	, ,	, ,			· · · · · · · · · · · · · · · · · · ·
	dividends, payments received on securities loans, rents, royalties and income from similar sources	865,739	1,093,636	1,990,334	1,710,564	1	,869,714	7,529,987
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
LO	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							36,130,836
12	Gross receipts from related activiti	es, etc (See ins	tructions)			12		1,884,235
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	ifth tax year as a !	501(c)(3	3) organız	ation, ▶☐
	ection C. Computation of Pub							
14	Public Support Percentage for 2009	•		11 column (f))		14		40 670 %
L5	Public Support Percentage for 2008					15		56 670 %
	33 1/3% support test—2009. If the and stop here. The organization qua	alıfıes as a public	ly supported orga	inization				► ▼
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization mee	n qualifies as a p — 2009. If the org tion meets the "	ublicly supported janization did not facts and circums	organization check a box on lin tances" test, che	ne 13, 16a, or 16b ck this box and st	and line	e 14 Explain	▶
ь	organization 10%-facts-and-circumstances test-	—2008. If the ord	janization did not	check a box on lin	ne 13, 16a, 16b. o	r 17a an	ıd lıne	►
	15 is 10% or more, and if the orgar Explain in Part IV how the organiza supported organization	nization meets th tion meets the "	ne "facts and circu facts and circums	umstances" test, o tances" test The	check this box and organization qual	d stop he ifies as a	e re. a publicly	▶┌╴
18	Private Foundation If the organizat instructions	ion did not chec	k a box on line 13	, 16a, 16b, 17a oi	r 17b, check this l	box and	see	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
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 ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493132033081

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

Ciliai i	F Attacil to Fo	of the second and the most fuctions.		Inspection
	e of the organization SON UNIVERSITY FOUNDATION INC		Employer identifica	ntion number
10443	OUR CHITCHOILD INC		52-0939453	
Par			unds or Accounts	. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and o	other accounts
	Total number at end of year	(4, 2 2 2	(2)	
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advi		or advised	┌ Yes ┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•	┌ Yes ┌ No
ar	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part I\	/, line 7.
	Purpose(s) of conservation easements held by the oi Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a G	n historically important certified historic struc n of a conservation	•
	easement on the last day of the tax year		Held at the	End of the Year
а	Total number of conservation easements		2a	End of the real
b	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified his	toric structure included in (a)	2c	
1	Number of conservation easements included in (c) a	equired after 8/17/06	2d	
	Number of conservation easements modified, transfe the taxable year - Number of states where property subject to conserva	ation easement is located 🗠	_	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and	│ │
	Staff and volunteer hours devoted to monitoring, insp			
	A mount of expenses incurred in monitoring, inspecti	3.		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			┌ Yes ┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financia		
art	Organizations Maintaining Collection Complete if the organization answered '		or Other Similar	Assets.
_	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of pu	
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research i		•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	121,310
	(ii) Assets included in Form 990, Part X			1,123,768
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:			
а	Revenues included in Form 990, Part VIII, line 1		► \$	
	,		T	

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	toric	<u>al Tre</u>	asur	es, or O	the	r Simila	r Asse	ts (cc	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne follo	owing tha	at are	a sıgnıfıca	nt us	se of its c	ollection	l	
а	Public exhibition		d	Γ	Loan or	excha	nge progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	further [.]	the or	ganızatıon	sex	empt pur	oose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Γ.	Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	1 "Ye	es" to Fo	rm 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	forco	ontributio	ons or	other ass	ets n	iot	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	ble		Г			A mou	n#	
_	Decimal helenes						-	1.		A mou	nt	
c d	Beginning balance						<u> </u>	1c 1d				
u e	Additions during the year						—	1a 1e				
_	Distributions during the year						<u> </u>					
f n-	Ending balance	000 5 111	. 245					1f			NØ -	
2a	Did the organization include an amount on Fo		217							1	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV				-1 1137 11		000	<u> </u>	. T. (4.0		
Ра	rt V Endowment Funds. Complete	(a)Current Year		were b)Prior			orm 990, o Years Back				NEOUR Y	ears Back
1a	Beginning of year balance	25,888,463			,257,518	(C) W	o rears back	1 1	Tillee real	3 Back (C	, our r	cars back
b	Contributions	2,144,747			,655,808			+				
c	Investment earnings or losses	3,914,837			,745,410			+				
d	Grants or scholarships	, ,			, ,			+				
e	Other expenditures for facilities	954,961		1	,279,453							
f	Administrative expenses											
g	End of year balance	30,993,086		25	,888,463			1				
2	Provide the estimated percentage of the yea	r end balance held a	is		l							
а	Board designated or quasi-endowment											
ь	Permanent endowment • 100.000 %											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	re held a	ınd adı	mınıstered	fort	the			
	organization by										Yes	No
	(i) unrelated organizations									3a(i)		Νo
	(ii) related organizations									3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•						•		3b		<u> </u>
4	Describe in Part XIV the intended uses of th) D	t V lua a	10				
Pali	t VI Investments—Land, Buildings	s, and Equipme	nt. S			•					Ι	
	Description of investment) Cost or o		(b)Cost or obasis (oth		(c) Accu depred		(d) B	ook value
1a	Land		•									
b	Buildings		•									
c	Leasehold improvements		•									
d	Equipment				1	76,804				172,191		4,613
	Other											
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B,), line .	10(c).)				•			4,613
									Sched	dule D (F	orm 9	90) 2009

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
Financial derivatives			
Closely-held equity interests			
Other ANNUITY CONTRACTS	9,516		F
STOCK MUTUAL FUNDS	20,274,364		F
BOND MUTUAL FUNDS	7,341,274		F
CORPORATE STOCK	86,984		F_
fixed income securities	6,627,354		F
COMINGLED FUND INTEREST	5,222,215		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	39,561,707		
Part VIII Investments—Program Related. See	Form 990, Part X, line :	1	
(a) Description of investment type	(b) Book value		od of valuation f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			(b) Book value
ANNUITIES RECEIVABLE			149,464
COLLECTIONS INTEREST REC - INVESTMENTS			1,123,768 49,230
OTHER RECEIVABLES			33,849
deposits			1,207,989
CSV OF LIFE INSURANCE			79,889
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			2,644,189
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount		
Federal Income Taxes	(b) A mount		
SCHOLARSHIPS PAYABLE	1,500		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,500		
, , , , , , , , , , , , , , , , , , ,	1,500		

1	Identifier Return Reference Explanati	on	
Par	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete t ditional information		
	rt XIV Supplemental Information	13.7	lines de sud ou
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,830,058
c	Add lines 4a and 4b	4c	0
b	Other (Describe in Part XIV)		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
3	Subtract line 2e from line 1	3	4,830,058
e	Add lines 2a through 2d	2e	867,033
d	Other (Describe in Part XIV) 2d 867,033		
c	Other losses		
b	Prior year adjustments		
а	Donated services and use of facilities		
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
1	Total expenses and losses per audited financial statements	1	5,697,091
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		<u> </u>
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,906,993
c	Add lines 4a and 4b	4c	-867,033
a b	Other (Describe in Part XIV)		
4 a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
3 4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	3	7,774,026
е 3	Subtract line 2e from line 1	2e 3	7,774,026
d	Other (Describe in Part XIV)	20	3,509,112
C	Recoveries of prior year grants		
b	Donated services and use of facilities		
a	Net unrealized gains on investments		
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
1	Total revenue, gains, and other support per audited financial statements	1	11,283,138
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,586,047
9	Total adjustments (net) Add lines 4 - 8	9	3,509,112
8	Other (Describe in Part XIV)	8	14,448
7	Prior period adjustments	7	
6	Investment expenses	6	
5	Donated services and use of facilities	5	
4	Net unrealized gains (losses) on investments	4	3,494,664
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,076,935
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,830,058
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,906,993
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
00110	date b (1 offin 550) 2005		raye T

Ident if ier	Return Reference	Explanat ion
Part III, Line 4	Return Reference	THE ART COLLECTION AT TOWSON UNIVERSITY IS A FOCAL POINT FOR THE PROMOTION OF THE ARTS AND CULTURES OF THE WORLD TO ITS STUDENTS, FACULTY, LOCAL, NATIONAL AND INTERNATIONAL CONSTITUENCIES IT A) PRESENTS VISUAL AND PERFORMING ARTS, B) COLLECTS AND EXHIBITS REPRESENTATIVE ARTIFACTS AND C) OFFERS SELECT EDUCATIONAL OPPORTUNITIES, WHICH ALLOW THOSE DIVERSE CONSTITUENCIES TO EXPERIENCE AND BETTER UNDERSTAND THE AESTHETICS AND ACHIEVEMENTS OF VARIOUS CULTURES THE EDUCATIONAL GOAL OF THE FOUNDATION IS TO PROVIDE VISITORS WITH AN UNDERSTANDING AND APPRECIATION OF THE BREADTH AND DEPTH OF ARTS AND CULTURE, WITH PRIORITY GIVEN TO 1) MAKING THE COLLECTIONS AND THEIR RESOURCES AVAILABLE TO THE GENERAL PUBLIC, 2) PROVIDING A MOTIVATING ENVIRONMENT FOR STUDENTS OF ALL AGES TO GAIN AN UNDERSTANDING OF THE ARTS AND CULTURE, 3) SUPPORTING ARTISTS/ORGANIZATIONS WHO SHARE THE GOAL OF PRESERVING FOR FUTURE GENERATIONS SIGNIFICANT MILESTONE ACHEIVEMENTS IN ART AND, 4) DEMONSTRATING TO THE COMMUNITY, THROUGH STIMULATING EXHIBITS, ITS HISTORIC HERITAGE AND HEIGHTENING THE OVERALL AWARENESS OF AND PRIDE
		IN ITS CONTRIBUTIONS TO THE COMMUNITY'S QUALITY
		OF LIFE
Part V , Line 4	Description of Intended Use of Endowment Funds	the endowment assets are utilized by the foundation in accordance with the wishes of the donors the foundation has established investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs suported by its endowment while seeking to preserve the purchasing power of the endowment assets
Part X	Description of Uncertain Tax Positions Under FIN 48	ON JULY 1, 2009, THE FOUNDATION ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDER THE INCOME TAXES TOPIC OF THE CODIFICATION THE CODIFICATION REQUIRES THE EVALUATION OF TAX POSITIONS, WHICH INCLUDE MAINTAINING ITS TAX-EXEMPT STATUS AND THE TAXABILITY OF ANY UNRELATED BUSINESS INCOME, AND DOES NOT ALLOW RECOGNITION OF TAX POSITIONS WHICH DO NOT MEET A "MORE-LIKELY-THAN-NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY MANAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT WOULD NOT MEET THIS THRESHOLD THE FOUNDATION FILES FEDERAL AND STATE INFORMATION RETURNS AND IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY MAJOR TAX AUTHORITIES FOR YEARS PRIOR TO 2006
Part XI, Line 8 - Other Adjustm	ents	CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY 14448
		PART XII, LINE 4B AND PART XIII, LINE 2D RENTAL EXPENSE OF \$730,118 AND FUNDRAISING EXPENSE OF \$136,915 ARE RECORDED ON THE ORGANIZATION'S EXPENSE SECTION OF THE AUDITED FINANCIAL STATEMENTS, BUT ARE INCLUDED IN THE REVENUE SECTION OF THE FORM 990 THE TOTAL ADJUSTMENT EQUALS \$867,033

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DLN: 93493132033081

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Internal Revenue Service		Atta d	h to Form 99	tions.	Inspection				
	me of the organization WSON UNIVERSITY FOU	NDATIONING				Employer ide	entification number		
	WSON ONIVERSITITOO	NDATION INC				52-093945	3		
Pa		Activities. Comple lers are not require			tion answered "Yes" s part.	to Form 990, Part I	V, line 17.		
1	Indicate whether the org	ganızatıon raısed fund	s through a	any of the	following activities Ch	eck all that apply			
а	Mail solicitations		e Γ Solicitation of non-government grants						
b	Internet and e-mail	solicitations							
C				g	Special fundraising				
d	☐ In-person solicitation	ons							
2a	Did the organization hav or key employees listed								
b	If "Yes," list the ten high to be compensated at le								
	to be compensated at le (i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
				Yes No					
	al	·		.					

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					report	:ed
			(a) Event #1 PARENTS ASSOCIATION (event type)	(b) Event #2 WOMENS LAX BULLROAST (event type)	(c) O ther Events 6 (total number)	(d) Tot (Add col col		
M.	1	Gross receipts	28,867	7 27,747	84,960		14:	1,574
Revenue	2	Less Charitable contributions		8,000	4,362		12	2,362
	3	Gross income (line 1 minus line 2)	28,867	7 19,747	80,598		129	9,212
	4	Cash prizes						
တ္က	5	Non-cash prizes						
Expenses	6	Rent/facility costs		3,040	35,277		38	8,317
ă	7	Food and beverages						
Direct	8	Entertainment						
△	9	Other direct expenses .	34,080	14,538	36,689		. 8 !	5,307
	10	Direct expense summary Add lin	ies 4 through 9 in columr	ı(d)	🕨		12	3,624
	11	Net income summary Combine li	nes 3, column d, and line	10			!	5,588
Par	t III	Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e than	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col	_	_
	1	Gross revenue						
မှာ	2	Cash prizes						
cpenses	3	Non-cash prizes						
<u>ភ</u>	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes%	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 in column ((d)				
	8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7				
9 a	Is th	er the state(s) in which the organization licensed to operate				. 9a	Yes	No
Ь	TLV	No," Explain						
10a b		e any of the organization's gaming (es," Explain	licenses revoked, suspei	nded or terminated during	the tax year?	10a		
4.4				2		\exists		
11 12	Is th	s the organization operate gaming he organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnersh	ıp or other entity	11		
	form	ned to administer charitable gaming] ⁷			. 12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I (Form 990)

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

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

Attach to Form 990

OMB No 1545-0047

2009

DLN: 93493132033081

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TOWSON UNIVERSITY FOUNDATION INC

Employer identification number

52-0939453

	rganization's procedur ner Assistance to	es for monitoring the us Governments and	e of grant funds in the l Organizations in	United States the United States	. Complete if the	organization answere ceived more than \$5,	d "Yes" to
Part IV and Sch	edule I-1 (Form 990	(a)) if additional space	is needed	· · · · · ·	· · · · · ·	· · · · · · ·	► F
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWSON UNIVERSITY 8000 YORK ROAD towson, MD 212520001	526002033	501(C)3	848,076				SCHOLARSHIPS AND AWARDS TO VARIOUS RECIPIENTS
towson university8000 YORK ROAD towson, MD 212520001	526002033	501(C)3		717,558	FMV	EQUIPMENT	EQUIPMENT FOR USE OF TOWSON UNIVERSITY STUDENTS
TOWSON UNIVERSITY 8000 YORK ROAD TOWson, MD 212520001	526002033	501(C)3	512,700				SEE SCHEDULE O

	•	
Part III	G	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	U	Jse Schedule I-1 (Form 990) ıf addıtıonal space ıs needed.

(a)Type of grant or assistance	(b)Number of	(c)A mount of	(d)A mount of	(e)Method of valuation	(f)Description of non-cash assistance
	recipients	cash grant	non-cash assistance	(book, FMV, appraisal, other)	
SCHOLARSHIPS FOR TOWSON UNIVERSITY STUDENTS	3	6,495	0		SCHOLARSHIPS PAID DIRECTLY TO STUDENTS
See Additional Data Table					

Part IV	<u>Suppleme</u>	ntal Information. Complete t	his part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier		Return Reference	Explanation

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DLN: 93493132033081

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Name of the organization TOWSON UNIVERSITY FOUNDATION INC

Employer identification number F2 00204F2

Complete if the organizat			163 0111011119						i ait v , iiile		rrected?
1 (a) Name of disqu	ианпеа	person			(b) Desc	ription	oftrans	action		Yes	No
										+	+
										-	
2 Enter the amount of tax imposes section 4958	ed on tl				disqualified pers			ear unde	r • \$		
3 Enter the amount of tax, If any	, on line	2, abo	ve, reimbursed	by th	e organization .			•	* \$ <u></u>		
Part II Loans to and/or F Complete if the organiz) Part IV line 26	or Fo	m 990-F	7 Part \	/ line 38a		
Complete II the organiz		oan to	1 103 0111 0111	11 3 3 0	1,1 416 1 4, 11116 2 6			(f)			
(a) Name of interested person and	, , ,	m the	(c)O rigina	1	(-IND-1	(e) defa		Appro	I .	(g) Writte agreemer	
purpose	organı	zation?	principal amo		(d)Balance due	ueia			y board or agommittee?		11.7
	То	From				Yes	No	Yes	No	Yes	No
otal			🕨	\$	•						
Part IIII Grants or Assistan Complete if the orga						' line	27				
(a) Name of interested pers			b) Relationship l	betwe	een interested per			ount of a	rant or type	ofaccic	tance
(a) Nume of interested pers			and tl	he or	ganization		(C)AII			. 01 43313	
						-					
Part IV Business Transact						مصا	20- 20	h a= 10	_		
Complete if the orga	IIIZauc		Relationship		iiii 990, Pait IV	, iiiie	<u> 20a, 20</u>	D, OI 26	<u>C.</u>	(e) St	naring of
(a) Name of interested name	_		een interested		(c) A mount of		d) Daga		+ = = = = = + i = = = = + i = = = = + i = = = + i = = = + i = + i = + i = +	lorgani	ızatıon's
(a) Name of interested person			rson and the		transaction	'	a) Desci	ription or	transaction	leve	nues?
O LIN HAY DEN			organization	-		07 1.5	CAL 65	31/ 10/1	N. II.A.V.D.E.N.	Yes	No
OHN HAYDEN		BOARI	O MEMBER		4,1	BC EM TH LE	DARD ME 1PLOYEI 1YLOR A 1E FIRM GAL SEI	MBER, I D BY WHI ND PRES THAT PR RVICES JNIVERS	TEFORD, TON LLLP, OVIDED TO		No
						+					
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DLN: 93493132033081

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization TOWSON UNIVERSITY FOUNDATION INC

Employer identification number

					52-0939453			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of d rever	letermır	ning	
1	Art—Works of art	X	9	_	DONOR'S APPRAI	SALS		
2	Art—Historical treasures .			, , , , , , , , , , , , , , , , , , ,				
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	X	6	67,674	MEAN VAL/SH-GI	FT DAT	Е	
10	Securities—Closely held stock	•						
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright (<u>EQUIPMENT</u>)	X	5	660,447	INVOICE W/SALE	S PRIC	E	
26	Other ► (<u>SUPPLIES</u>)	l			FACE VAL/BEST E	STIMA	TEOF	=
		X	89	32,104	LIKE ITEMS			
	Other ►()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization comp				29			2
							Yes	No
30a	During the year, did the organiz							
	must hold for at least three yea	rs from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the ent	ire holding p	period?			30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gi	ft acceptand	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a		Νo
ь	If "Yes," describe in Part II							
	If the organization did not repor	t revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 52-0939453

Name: TOWSON UNIVERSITY FOUNDATION INC

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DLN: 93493132033081

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

Open to P Inspect

OMB No 1545-0047

Name of the organization TOWSON UNIVERSITY FOUNDATION INC Employer identification number

52-0939453

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE TOWSON UNIVERSITY FOUNDATION AUDIT COMMITTEE ASSUMES REVIEW RESPONSIBILITY OF THE FORM 990 ON BEHALF OF THE ENTIRE BOARD OF DIRECTORS AT THE MAY ANNUAL MEETING, THE AUDIT COMMITTEE CHAIR WILL REPORT ON THEIR FORM 990 REVIEW, THEREBY MAKING THE ENTIRE BOARD AWARE OF THEIR REVIEW AND FINDINGS, IF ANY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ANNUALLY, A DISCLOSURE FORM IS SENT TO EACH MEMBER OF THE BOARD OF DIRECTORS THE FORM MUST BE COMPLETED, SIGNED AND RETURNED TO THE FOUNDATION ONCE RETURNED, THE FORMS ARE REVIEWED BY THE VICE PRESIDENT OF FINANCE IF THERE ARE ANY FORMS INDICATING A POTENTIAL CONFLICT, THOSE FORMS ARE SHARED WITH THE EXECUTIVE VICE PRESIDENT AND THE PRESIDENT FOR FURTHER REVIEW AND ACTION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE EXECUTIVE VICE PRESIDENT SUPERVISES THE VICE PRESIDENT (WHO IS A PAID EMPLOYEE OF THE FOUNDATION) THE EXECUTIVE VICE PRESIDENT CONSULTS THE PRESIDENT OF THE BOARD ON MATTERS CONCERNING THE COMPENSATION OF THE VICE PRESIDENT

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		SINCE LAST YEAR, WE HAVE CREATED OUR OWN WEBSITE ON THE WEBSITE, WE MAKE THE FOLLOWING DOCUMENTS AVAILABLE 1) AUDITED FINANCIAL STATEMENTS, AND 2) CERTAIN GOVERNING DOCUMENTS WE ALSO MADE THESE DOCUMENTS AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
PAGE 11, PART XI, LINE 2C		AUDIT COMMITTEE PROCESSES ARE UNCHANGED FROM THE PRIOR YEAR

ldentifier	Return Reference	Explanation
		SCHEDULE I, PART II GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE US GRANTS INCLUDE REIMBURSEMENTS TO COVER EXPENSES PAID FOR BY TOWSON UNIVERSITY, INCLUDING PAYROLL, COPIES, PRINTING, AND OTHER EXPENSES INCURRED BY TOWSON UNIVERSITY

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

DLN: 93493132033081

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2009

Department of the Treasury Internal Revenue Service

ame of the organization DWSON UNIVERSITY FOUNDATION INC	Employer identification number				
				52-0939453	
Part I Identification of Disregarded Entities (Cor	mplete if the organization	answered "Yes" on	Form 990, Part 1	(V, line 33.)	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
7400 YORK ROAD LLC C/O TUF 8000 YORK ROAD TOWSON, MD 21252 26-4059316	RENTAL	MD	858,338	900,104	towson university foundation inc
Part II Identification of Related Tax-Exempt Organizations during	anizations (Complete if t ig the tax year.)	the organization ans	swered "Yes" on	Form 990, Part I\	/, line 34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3	(f) s Direct controlling)) entity
TOWSON UNIVERSITY					
8000 YORK ROAD	EDUCATION	MD	501(C)3		6
TOWSON, MD 21252 52-6002033	EBGG/WIGH		301(0)3		

Cat No 50135Y

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	during the tax year. (f) Share of total income			(h) Disproprtic allocation		tionate Code V—UBI		(j Gener mana parti	ral or aging	
								Yes	No			Yes	No	
												+		
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,		
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)			
(a) Name, address, and EIN o	f related organization	(b) Primary ad	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership			
									1					
									1					

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV	, line 34, 35, or 36.)							
Note	. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No				
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-	IV?							
a Rec	upt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No				
b Gift,	grant, or capital contribution to other organization(s)		1b	Yes					
c Gift,	grant, or capital contribution from other organization(s)		1 c		No				
d Loar	s or loan guarantees to or for other organization(s)		1d	Yes					
e Loar	s or loan guarantees by other organization(s)		1e		No				
f Sale	of assets to other organization(s)		1f		No				
g Puro									
h Exc									
i Leas	i Lease of facilities, equipment, or other assets to other organization(s)								
j Leas	e of facilities, equipment, or other assets from other organization(s)		1 j		No				
k Performance of services or membership or fundraising solicitations for other organization(s)									
I Perfo	I Performance of services or membership or fundraising solicitations by other organization(s)								
m Sharing of facilities, equipment, mailing lists, or other assets									
n Sharing of paid employees									
o Rein	bursement paid to other organization for expenses		10	Yes					
p Rein	bursement paid by other organization for expenses		1р		No				
q Oth	er transfer of cash or property to other organization(s)		1q	Yes					
r Othe	r transfer of cash or property from other organization(s)		1r		No				
2 If the	answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relations	nips and transaction thre	sholds						
	(a) Name of other organization	(b) Transaction type(a-r)	Amount	(c) : involve	ed				
I) TOWSON	UNIVERSITY	В		2,07	8,334				
	cional Data Table								
2)									
3)									
4)									
5)									

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	N	
									+-	╁	
										1	
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Additional Data

Software ID: Software Version:

EIN: 52-0939453

Name: TOWSON UNIVERSITY FOUNDATION INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program se	ervices				
(Code) (Expenses \$	1,184,377	ıncludıng grants of \$) (Revenue \$)
THE \$1,184,377 OF	OTHER PROGRAM SERVIC	EXPENSES	RELATE TO EXPENSES	THAT SUPPORT THE VARIETY OF P	ROGRAMS
OFFERED BY TOWSO	ON UNIVERSITY FOR THE B	ENEFIT OF T	HE STUDENTS, FACULT	Y AND STAFF OF THE UNIVERSITY	ALL
EXPENSES SUPPOR	T THE CORE MISSION OF T	HE FOUNDA	TION AND THEREFORE	THAT OF THE UNIVERSITY AS WEL	L THE
FOUNDATION EXIST	TS TO SUPPORT THE UNIV	ERSITY THRO	OUGH THESE EXPENDIT	URES	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
EDUCATIO NAL PRO GRAMS	153,148	153,148		
EQUIP RENTAL & MAINT	67,267	66,523	744	
DUES AND MEMBERSHIPS	60,980	57,736	3,244	
CREDIT CARD FEES/MISC	54,749	28,516	2,587	23,646
PRINTING & PUBLICATIONS	49,807	40,618	2,069	7,120