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990-PF

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

OMB No 1545-0052 9000

		nt of the Tre evenue Sen		Note	: The foundat	on may b	e able to use a copy of the	is return to sati	on sfv state reg	orting requirements	<b> </b>
_					x year begin	-		01 , 2009,			10/31,20 10
_			at apply	<u> </u>	Initial retur		Initial return of			<del>-</del>	Final return
Ŭ	00	on an in	at apply	-	Amended			ss change	Γ	Name change	
_		ſ	Name of fo	oundat			7,00,00	oc onange			itification number
	100 44	ne IRS	1101110 01 10								
•	use tr lat		יינם האו	mTM	OPE OPTO	IFS F	ארן די ער ואוור			5.0	2-6058645
Otherwise, Number and street (or P O box number if m							-	addross)	Room/suit		see page 10 of the instructions)
print						mamber in	mail is not delivered to street	address)	100m/sun	G B reiebione univer (a	ee page to or the distributions,
	or t	уре.	222 ME	cm C	יא ארט דאן כייי	क क क क				,	, _
5	iee S	pecific			AMDEN ST		-	<del></del>		C If exemption appli	ication is
l	nstru	ctions.	City or tow	II, Stat	te, and zir co	Je				pending, check he	ere · · · · · · [
			D T T T T T T T T T T T T T T T T T T T		MD 0100	-				D 1 Foreign organi	· · · · —
					MD 2120						zations meeting the
H	_Che	ck type	of organiz	ation	X Sect	ion 501(	c)(3) exempt private for				
$\perp$					mpt chantable		Other taxable pri		•	E If private foundati	on status was terminated
ı	_				ets at end		unting method X C	ash Acc	rual	under section 507	7(b)(1)(A), check here . ►
		-	n Part II, d				ther (specify)			F If the foundation i	s in a 60-month termination
		▶ \$			,623.		column (d) must be or	r cash basis )	'	under section 507	7(b)(1)(B), check here
L	art				and Expens		(a) Revenue and	(b) Net inve	stment	(c) Adjusted net	(d) Disbursements for chantable
					nns (b), (c), ar ual the amount		expenses per	incom		income	purposes
_					of the instruc		books				(cash basis only)
	1	Contributio	ons, gifts, grant	s, etc , r	eceived (attach sch	nedule)	567,019.				
	2	Check >	►	e tound ch Sch	lation is not red	ured to					
	3	Interest o			oorary cash inve		663.		663.		ATCH 1
	4	Dividen	ds and inter	rest fro	om securities						
	5 a	Gross re	ents								<u>.                                    </u>
	ь	Net renta	il income or (	loss) _							
<u>a</u>					of assets not on	line 10					
Revenue	b	Gross sa assets or	les price for a	all							
Š	7			ome (	from Part IV, I	ine 2) .					
œ	8	Net sho	- rt-term cap	ital gai	in						
	9	Income	modificatio	ns ·							
	10 a	Gross sa	les less retur	ns							
	ь		st of goods s					İ			
	c	Gross p	rofit or (los:	s) (atta	ach schedule)	7		_			
	11		come (atta			1					
	12	Total A	dd lines 1:t	hroug	N	5.1	567,682.		663.		
	13				rectors, trustees		0.				
	14	Othere	nploveeiga	lánes	and Wages	۲۱. ۲				<u>-</u>	
S	15		plans, em			訊					
nse	16 a	Legal fe	es-(attach	schedi	ule)						
<del>p</del> e	ь		ing fees (a			٠٠٠ لـــٰــ					
Ü	_ م ا				attach schedu	le)					
₹	17	•		•							
tra	18				page 14 of the ins	4. 4	1,104.			······································	
Operating and Administrative Expenses	19	•		, ,	edule) and dep	•					1
Ξ	20	•	•			•		_			
¥	21	•			meetings			<u> </u>			
Ē	22						2,920.	<u> </u>			<del></del>
Ď					schedule) AT		103,965.	-			102,470
턡	23				•		103,303.				102,370
ē	24		_		ninistrative ex		107,989.				102,470
8	2-		s 13 throug	•			469,690.	<b> </b>		<del></del>	469,690
	25		utions, gifts	_			577,679.		-		572,160
_	26				ents Add lines 2	4 and 25	5//,6/9.				3/2,160
	27		t line 26 fro				0.007				
					es and disbursen		-9,997.			<del>_</del>	<del></del>
					(if negative, e				663.		
		Adiueto	d not incor	no lif	negative ente	r -0-1	I	ì		-0-	<del>-</del>

B	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		of year
_	al t II	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	173,399.	292,739.	
	2	Savings and temporary cash investments	269,197.	139,860.	139,860
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts			
	8	Inventories for sale or use	-		
Assets	9	Prepaid expenses and deferred charges			
SS	1	Investments - U S and state government obligations (attach schedule)	-		
`		Investments - corporate stock (attach schedule)			
	ì	Investments - corporate bonds (attach schedule)	•	-	
	11	The contraction for the late of the contraction of	•		
	,	and equipment basis			
		(attach schedule)			
	12	Investments - mortgage loans	7,000.	9,024.	9,024
	13 14	Investments - other (attach schedule) ATCH 4	7,000.	9,024.	9,024
		equipment basis			
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
_		instructions Also, see page 1, item I)	449,596.	441,623.	441,623
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable (attach schedule)			
۲	22	Other liabilities (describe			
_	23	Total liabilities (add lines 17 through 22)		_	
		Foundations that follow SFAS 117, check here ► X			
		and complete lines 24 through 26 and lines 30 and 31.			
S	24	Unrestricted	449,596.	441,623.	
ances	25				
ala	ı	Temporarily restricted			1
ã	20	Foundations that do not follow SFAS 117.			1
Ĕ		check here and complete lines 27 through 31.			
or Fund Bal	27	Capital stock, trust principal, or current funds			
0	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Net Assets	l		-	·	1
Ą	29	Retained earnings, accumulated income, endowment, or other funds			
ë	30	Total net assets or fund balances (see page 17 of the	440 506	441,623.	
z		instructions)	449,596.	441,623.	
	31	Total liabilities and net assets/fund balances (see page 17	440 506	441 600	
		of the instructions)	449,596.	441,623.	
_		Analysis of Changes in Net Assets or Fund			<del></del>
1		I net assets or fund balances at beginning of year - Part II, co	lumn (a), line 30 (must ag		
				<u>1</u>	449,596
2	Ente	r amount from Part I, line 27a		2	-9,997
3	Othe	r amount from Part I, line 27a rr increases not included in line 2 (itemize) ►ATTACH	MENT 5	3	2,024
		lines 1, 2, and 3			441,623
5	Decr	eases not included in line 2 (itemize)		5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line	5) - Part II, column (b), lir	ne 30 6	441,623
					Form <b>990-PF</b> (2009)

Foi	m 990-PF (2009)		52-605864	45		Page 3
P	art IV Capital Gains	and Losses for Tax on Inv	estment Income			
		describe the kind(s) of property sold (e	-	(b) How acquired P-Purchase	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
_	<del></del>	ick warehouse, or common stock, 200 s	IS MILE CO)	D-Donation	(1110 ; 00); ;; /	<del></del>
<u>1a</u>					<del> </del>	<del> </del>
_ <u>b</u>	)	·				<del> </del>
				<del></del>	<del>                                     </del>	<del> </del>
	<u> </u>				<del></del>	<del></del>
<u>e</u>						L
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
а	_					
t	)		<u> </u>			
C						
d						
_		wing gain in column (h) and owned l	by the foundation on 12/31/69		Gains (Col. (h) g	ain minus
_	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	han -0-) <b>or</b>
_			· · · · · · · · · · · · · · · · · · ·			
_ <u>a</u>		<del>"</del>		-		•
						<del></del>
_e	<b>)</b>	- 16	les enter in Dant I line 7			
2	Capital gain net income or (	net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	•		
	-	•	,	2		
3		or (loss) as defined in sections 1222				
	If gain, also enter in Part I, l	ine 8, column (c) (see pages 13 and	I 17 of the instructions)			
	If (loss), enter -0- in Part I, li	ine 8 <u></u>	<u></u>	3		
P	art V Qualification Un	der Section 4940(e) for Reduc	ed Tax on Net Investment inc	ome		
		private foundations subject to the se			)	
٧-	• <b>,</b>	,	,		•	
If a	section 4940(d)(2) applies, le	save this part blank				
	section 4940(d)(2) applies, le	save this part blank				
10/	as the foundation liable for th	ne section 4942 tax on the distributa	ble amount of any year in the base	poriod?		Yes X No
			• •	penou	∟	] Tes[V] NO
		ot qualify under section 4940(e) Do				
1		unt in each column for each year, se	ee page 18 of the instructions before	making	(d)	
	(a) Base period years	(b)	(c)		Distribution re	
_	Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col (b) divided by	. , ,,
	2008	756,304.	583,048.			1.297156
	2007	555,683.	1,052,963.			0.527733
	2006	141,037.	929,497.			0.151735
	2005	28,015.	610,758.			0.045869
_	2004	73,000.	417,368.			0.174906
_			· · · · · · · · · · · · · · · · · · ·			
2	Total of line 1, column (d)			2		2.197399
			a total and lang 2 hay 5 are hay the			2.15,555
3		or the 5-year base period - divide th	_			0.439480
	number of years the founda	ation has been in existence if less th	nan 5 years	3		0.439460
4	Enter the net value of nonc	charitable-use assets for 2009 from	Part X, line 5	4		368,727.
		,				
5	Multiply line 4 by line 3			5		162,048.
6	Enter 1% of net investment	t income (1% of Part I, line 27b)		6		7.
J	Zitter 170 Of Het Hivestilleth			<del> </del>		
_	Add base Exist 0			,		162 055
7	Add lines 5 and 6			7	<del></del>	162,055.
						570 160
8	Enter qualifying distribution	ns from Part XII, line 4 eater than line 7, check the box i		8	- 467 :	572,160.
	If line 8 is equal to or gree Part VI instructions on pag	eater than line 7, check the box i e 18	n Part VI, line 1b, and complete	tnat part	using a 1% ta	x rate See the

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	truction	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			7.
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			<del>7.</del>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0			<u>7.</u>
6	Credits/Payments			
	2009 estimated tax payments and 2008 overpayment credited to 2009			
	The state of the s			
	tex pare that appropriate of the (1 cm 6000)			
7	Backup withholding erroneously withheld  Total credits and payments Add lines 6a through 6d			7.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax   Refunded   11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation  \$\Bigs\\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
•	on foundation managers  \$			x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		- <del>^</del> -
3	If "Yes," attach a detailed description of the activities  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
J	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
-	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5		Х
-	If "Yes," attach the statement required by General Instruction T		·	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	_6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ► MD,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	}		
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			v
	27)? If "Yes," complete Part XIV	9		_ X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	.		х
	names and addresses	10	0-PF	

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b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

JSA

Total number of other employees paid over \$50,000

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	, enter "NON!	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compens	
	<del>                                     </del>	
otal number of others receiving over \$50,000 for professional services	▶	NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expens	ses
1 NONE		
2	<del>                                     </del>	
3		
4		
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amoun	nt
1 NONE		
2		
*		
All other program-related investments See page 24 of the instructions		
3 NONE		

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	n foundation	s,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		<u>-</u>
	purposes		
а	Average monthly fair market value of securities	1a	8,868.
b	Average of monthly cash balances	1b	365,474.
C		1c	0.
d		1d	374,342.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	374,342.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	5,615.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	368,727.
6	Minimum investment return. Enter 5% of line 5	6	18,436.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ▶ and do not complete this p		
1	Minimum investment return from Part X, line 6	1	18,436.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	· · · · · · · · · · · · · · · · · · ·	1	
С		2c	7.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	18,429.
4	Recoveries of amounts treated as qualifying distributions	4	· •
5	Add lines 3 and 4	5	18,429.
6	Deduction from distributable amount (see page 25 of the instructions)	6	· · · · · · · · · · · · · · · · · · ·
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	18,429.
Da	art XII Qualifying Distributions(see page 25 of the instructions)		
	dualitying bistributions(see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	572,160.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1	
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	572,160.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	7.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	572,153.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet qualifies for the section 4940(e) reduction of tax in those years	her the founda	tion

Pa	Part XIII Undistributed Income (see page 26 of the instructions)										
		(a)	(b)	(c)	(d)						
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009						
	line 7				18,429.						
2	Undistributed income, if any, as of the end of 2009										
	Enter amount for 2008 only			0.							
	Total for prior years 20 07 20 06 20 05		0.								
3	Excess distributions carryover, if any, to 2009										
	From 2004 52,159.										
	F										
•	04 627										
٦	E 02 070										
	707 177			•							
	, , , , , ,	1,377,052.									
	Total of lines 3a through e	1,311,032.									
4	Qualifying distributions for 2009 from Part XII, line 4 > \$ 572,160.										
_				0.							
	Applied to 2008, but not more than line 2a			0.							
b	Applied to undistributed income of prior years (Election										
	required - see page 26 of the instructions)				····						
С	Treated as distributions out of corpus (Election										
	required - see page 26 of the instructions)				10.400						
	Applied to 2009 distributable amount				18,429.						
	Remaining amount distributed out of corpus	553,731.									
5	Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same										
	amount must be shown in column (a) )										
6	Enter the net total of each column as										
	indicated below:	1 020 702			1						
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,930,783.									
b	Prior years' undistributed income Subtract										
_	Inne 4b from line 2b Enter the amount of prior years' undistributed		0.								
·	income for which a notice of deficiency has been										
	issued, or on which the section 4942(a) tax has										
	been previously assessed			-							
d	Subtract line 6c from line 6b Taxable										
_	amount - see page 27 of the instructions		0.								
-	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page										
	27 of the instructions			0.							
f	Undistributed income for 2009 Subtract lines										
	4d and 5 from line 1 This amount must be										
7	distributed in 2010				<del>.</del> .						
•	to satisfy requirements imposed by section										
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the										
8	instructions)										
0	applied on line 5 or line 7 (see page 27 of the	50 150									
	instructions)	52,159.									
9	Excess distributions carryover to 2010.	1 070 604									
	Subtract lines 7 and 8 from line 6a	1,878,624.									
	Analysis of line 9		ŀ								
	Excess from 2005										
	Excess from 2006 94,637.										
	Excess from 2007 503,079.										
	Excess from 2008										
e	Excess from 2009										

b	Annual State of the Control of the C		and the second s			
Ð	foundation, and the ruling		=			10404
	Check box to indicate whe	<u>`</u>	Trivate operating foundation	Prior 3 years	4942(	j)(3) or 4942(j
2 a	Enter the lesser of the ad-	Tax year (a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	Justed net income from Part I or the minimum investment return from Part X for each	(a) 2009	(b) 2006	(6) 2007	(u) 2000	
	year listed		<del>                                     </del>			<del> </del>
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
ď	Amounts included in line 2c not used directly for active conduct of exempt activities					
е				,		
3	2d from line 2c Complete 3a, b, or c for the					
а	alternative test relied upon "Assets" alternative test - enter					
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section</li></ul>					
b	4942(j)(3)(B)(i)					
	ment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Pa			complete this part e page 28 of the in		ation had \$5,000	or more in as
	Information Regarding			·		
а	List any managers of before the close of any	the foundation who letax year (but only if t	have contributed more hey have contributed r	e than 2% of the tota more than \$5,000) (S	al contributions receiv See section 507(d)(2) )	ved by the founda
	N/A					
Ь	List any managers of ownership of a partners					y large portion of
	N/A		272			
	Information Regarding	•	•			
		he foundation only or funds If the foun	makes contributions dation makes gifts, g	to preselected char- grants, etc (see page	table organizations e 28 of the instruction	and does not accons) to individuals
	Information Regarding Check here ▶ ☐ if the transposition of the transp	ne foundation only or funds. If the foun ner conditions, comple	makes contributions dation makes gifts, g ete items 2a, b, c, and	to preselected charge grants, etc (see page d	e 28 of the instruction	and does not acc ons) to individuals
a a	Information Regarding Check here ▶ if the unsolicited requests for organizations under other the name, address, and	he foundation only or funds If the foun ner conditions, comple d telephone number of	makes contributions dation makes gifts, gete items 2a, b, c, and f the person to whom a	to preselected chari grants, etc (see page d pplications should be	e 28 of the instruction	and does not accons) to individuals
a	Information Regarding Check here ▶ if the unsolicited requests for organizations under other the name, address, and N/A The form in which applied WRITTEN REQ	the foundation only or funds. If the founder conditions, completed telephone number of cations should be subjected.	makes contributions dation makes gifts, gete items 2a, b, c, and f the person to whom a	to preselected chari grants, etc (see page d pplications should be	e 28 of the instruction	and does not accons) to individuals
a	Information Regarding Check here ▶ if the unsolicited requests for organizations under other the name, address, and N/A The form in which applied WRITTEN REQ Any submission deadling	the foundation only or funds. If the founder conditions, completed telephone number of cations should be subjected.	makes contributions dation makes gifts, gete items 2a, b, c, and f the person to whom a	to preselected chari grants, etc (see page d pplications should be	e 28 of the instruction	and does not accons) to individuals
a b	Information Regarding Check here ▶ if the unsolicited requests for organizations under othe The name, address, and N/A The form in which applied WRITTEN REQ Any submission deadling	the foundation only or funds. If the foundations, complete the conditions, complete the conditions should be substituted to the conditions should be substituted to the conditions of the condit	makes contributions dation makes gifts, gete items 2a, b, c, and fithe person to whom a mitted and information	to preselected charminants, etc (see page d pplications should be a and materials they should be seen to be se	e 28 of the instruction	ons) to individuals
a b	Information Regarding Check here ▶ if the unsolicited requests for organizations under other the name, address, and N/A The form in which applied WRITTEN REQ Any submission deadling	the foundation only or funds. If the foundations, complete the conditions, complete the conditions should be substituted to the conditions should be substituted to the conditions of the condit	makes contributions dation makes gifts, gete items 2a, b, c, and fithe person to whom a mitted and information	to preselected charminants, etc (see page d pplications should be a and materials they should be seen to be se	e 28 of the instruction	ons) to individuals

Part XV Supplementary Information (continued)

**3** 15.

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Recipient  Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
A TITLE CLINE TO				
ATTACHMENT 7				
				1
^				
Total				469,690.
b Approved for future payment		1		
		ĺ		
		1		
T-1-1	L		<b>.</b>	
Total			▶ 3b	1

Part XVI-	A Analysis of Income-Produ	ucing Acti	vities			
Enter gross a	amounts unless otherwise indicated		ited business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
4 Process		(a) Business code	(b) Amount	(c) Exclusion code	(d)	function income (See page 28 of the instructions)
•	service revenue			<del> </del>		the instructions )
a	<del></del>			<del></del>		
				-	<u> </u>	<u> </u>
c				<del></del>		
d				<del> </del>		
e				<del> </del>	· · · · · · · · · · · · · · · · · · ·	
f				+		
	and contracts from government agencies					
2 Members	ship dues and assessments			1		
	n savings and temporary cash investments			14	663.	<u>.                                    </u>
4 Dividend	s and interest from securities					<u>.                                    </u>
5 Net renta	al income or (loss) from real estate					
a Debi	t-financed property					
b Not	debt-financed property					
6 Net rental	income or (loss) from personal property					
	vestment income					
	oss) from sales of assets other than inventory					
-	me or (loss) from special events					
	rofit or (loss) from sales of inventory					
	venue a					
			_			
e					·	
	Add columns (b), (d), and (e)				663.	
	dd line 12, columns (b), (d), and (e)					
	neet in line 13 instructions on page 28 to					
Part XVI-				vemnt Puri	2086	
Line No. ▼	Explain below how each activithe accomplishment of the for page 29 of the instructions )  NOT APPLICABLE	ty for white oundation's	ch income is reported exempt purposes (c	d in column other than	(e) of Part XVI-A cor by providing funds for	atributed importantly to such purposes) (See
	NOT APPLICABLE		<del></del>			
						•
			** * *			
					<del></del> ,	
					<u></u>	
• • • • • • • • • • • • • • • • • • • •					· -	
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			_			
						<del>.</del>
					<u> </u>	
		·				Form 990-PF (2009)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

1	ın se	ction 501(c) of the Co	ode (other than	engage in any of the section 501(c)(3) organization	anızatıons						Yes	No
а				charitable exempt organiza						1a(1)		х
		ther assets								1a(2)		X
b		transactions										
_			ritable exempt or	ganization						16(1)		Х
				empt organization						1b(2)		Х
				ts		<b></b>				1b(3)		Х
										1b(4)		Х
										1b(5)		Х
		erformance of services or				<i></i>				1b(6)		Х
С	• •		•	er assets, or paid employee						1c		Х
				'Yes," complete the foll			Column (b)	should al	ways show	the	faır ı	market
		· ·		rices given by the repr	_		` '		•			
		-		gement, show in colum	•							
		•			` .							
(a) l	ine no	(b) Amount involved	(c) Name of n	noncharitable exempt organizat	tion	(d) Des	cnption of transfe	rs, transactio	ns, and shar	ng arrar	gemen	ts
	•			<del></del>		N/A						
					·							
2a	Is the	foundation directly or	indirectly affiliat	ted with, or related to,	one or r	nore tax-e	exempt organiz	zations de	scribed in			_
	section	n 501(c) of the Code (oth	er than section 5	501(c)(3)) or in section 52	77				l	Y	es 🔼	∐ No
b	If "Yes	," complete the following	schedule									
		(a) Name of organization		(b) Type of organ	ization		(	c) Description	n of relations	hip		
- 1	Under	penalties of perjury, I decla	are that I have explore	amined this return, including of preparer (other than taxpa	accompa	nying sche	dules and staten	nents, and t	o the best o	f my k	nowled	ge and
	Delici,	it is true, correct, and comp	/ Decimation	or preparer (other than taxpa	yei oi iidd	• •				1145 41	iy kilol	Micaye
	<b></b>	Jurgu J	) Unfoul			9-9-	//	Sare	12/y T/	C 454	rer	
<u>e</u>	Sış	gnature of officer or trustee				Date		Title				
Sign Here		! 0	. `		Date		Check If		Preparer's number (Se			^
E	s. ≥	Preparer's	Turen 1	Petting L			self-employe	ed ▶	page 30 of th			11
က	o a g	signature	yeary 1	1001 7 7	9-	7-11			P00746			
	Paid Preparer's Use Only	Firm's name (or yours if	KPMG I					EIN ▶ 3	3-55652	207		
	ر ۵	self-employed), address,	1676 I	INTERNATIONAL DR	IVE							
		and ZIP code	MCLEAN	I, VA		22	102	Phone no	703-2	36-8	000	
										om <b>99</b>	۰-be	(2009)

### Schedule B

12

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization		Employer identification number
THE BALTIMORE ORIOLES	S FOUNDATION	52-6058645
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1
	501(c)(3) taxable private foundation	
General Rule		
<del>-</del>	ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or me contributor. Complete Parts I and II	ore (in money or
Special Rules		
sections 509(a)(1) and	3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support tes d 170(b)(1)(A)(vi), and received from any one contributor, during the year, a c 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1	contribution of the greater
the year, aggregate of	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any contributions of more than \$1,000 for use exclusively for religious, charitable, or the prevention of cruelty to children or animals. Complete Parts I, II, and	e, scientific, literary, or
the year, contributions aggregate to more tha year for an <i>exclusivel</i> applies to this organiz	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any or sor use exclusively for religious, charitable, etc., purposes, but these contriban \$1,000. If this box is checked, enter here the total contributions that were represented in the parts unless reation because it received nonexclusively religious, charitable, etc., contributions.	butions did not eceived during the the <b>General Rule</b> ons of \$5,000 or more
	not covered by the General Rule and/or the Special Rules does not file Sche	
	answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of to certify that it does not meet the filing requirements of Schedule B (Form 99	
For Privacy Act and Paperwork Reduct	tion Act Notice, see the Instructions Schedule I	B (Form 990, 990-EZ, or 990-PF) (2009)

JSA

for Form 990, 990-EZ, or 990-PF

Name of organization THE BALTIMORE ORIOLES FOUNDATION Employer identification number 52-6058645

Part I Contributors (see instructions) (d) (a) (c) Type of contribution Name, address, and ZIP + 4 Aggregate contributions No. Χ RBI PROGRAM 1 Person **Payroll** 75,930. \$ Noncash (Complete Part II if there is a noncash contribution) (b) (c) (a) Type of contribution No. Name, address, and ZIP + 4 **Aggregate contributions** Х 2 ORIOLES REACH Person **Payroll** 185,227. Noncash (Complete Part II if there is a noncash contribution ) (c) (d) (a) (b) Type of contribution Name, address, and ZIP + 4 **Aggregate contributions** No. CONTRIBUTIONS < 5000 Х 3 Person Payroll 46,488. Noncash (Complete Part II if there is a noncash contribution) (c) (d) (a) (b) Type of contribution Name, address, and ZIP + 4 **Aggregate contributions** No. 4 KOJI UEHARA Person Pavroll 25,000. Noncash (Complete Part II if there is a noncash contribution) (d) (c) (a) (b) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 5 TY WIGGINTON Х Person Payroll 10,000. Noncash (Complete Part II if there is a noncash contribution ) (a) (b) (c) **Aggregate contributions** Type of contribution No. Name, address, and ZIP + 4 Χ 6 CESAR IZTURIS Person Payroll 16,667. Noncash (Complete Part II if there is a noncash contribution)

JX8589 2235

Name of organization THE BALTIMORE ORIOLES FOUNDATION

Employer identification number 52-6058645

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7_	BRIAN ROBERTS	\$ 33,333.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	KEVIN MILLWOOD	\$ 100,000.	Person Payroli Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	NICHOLAS MARKAKIS	\$ 41,667.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	NEGRO LEAGUE AUCTION	\$\$.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	OLLIE'S HOME RUN	\$ 10,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	JACKIE ROBINSON JERSEY AUCTION	\$\\$\\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

, :

I INVESTMENTS	
CASE	
TEMPORARY CASH	
NO	
I - INTEREST	
ı H	
PART :	
1 990PF,	
FORM	

NET INVESTMENT INCOME	663.	663.
REVENUE AND EXPENSES PER BOOKS	663.	663.
	ND INTEREST	TOTAL
DESCRIPTION	HARBOR BANK OF MARYLAND INTEREST	

521393

FORM 990PF, PART I - TAXES

REVENUE AND

DESCRIPTION

EXPENSES PER BOOKS

MARYLAND SALES TAX

1,104.

TOTALS

1,104.

. :

# ATTACHMENT 3

# FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND EXPENSES	PER BOOKS			9,01	63,460.	00
----------------------------	-----------	--	--	------	---------	----

103,965.

TOTALS

10	
0,4	
9.50	
m 0	

CHARITABLE PURPOSES

102,470.

ATTACHMENT 3

521393

- OTHER INVESTMENTS

FORM 990PF, PART II

PAGE 20

ATTACHMENT 4

ENDING <u>FMV</u>	9,024.			
ENDING BOOK VALUE	9,024.			
BEGINNING BOOK VALUE	7,000.			
	TOTALS			
DESCRIPTION	US SAVINGS BOND			

5	2-	6	0	5	8	6	4	5

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

OTHER INCREASE (UNREALIZED GAIN ON INV)

2,024.

TOTAL

2,024.

.:

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 6

EXPENSE ACCT AND OTHER ALLOWANCES	Ċ	Ċ	·	·	.0	0.
CONTRIBUTIONS E TO EMPLOYEE BENEFIT PLANS	° O	.0	0.	.0	.0	0.
COMPENSATION		.0	.0	.0	.0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	GRAND TOTALS
NAME AND ADDRESS	PETER G. ANGELOS 100 N. CHARLES STREET 22ND FLOOR	GEORGIA K. ANGELOS 333 WEST CAMDEN STREET	JOSEPH E. FOSS 333 WEST CAMDEN STREET	JOHN P. ANGELOS 333 WEST CAMDEN STREET	LOUIS F. ANGELOS 100 N. CHARLES STREET	

FOUNDATION	
ORIOLES	
BALTIMORE	
THE	

.:

52-6058645

ATTACHMENT 7

FORM 990DE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
KENNEDY KRIEGER INSTITUTE 707 NORTH BROADWAY BALTIMORE, MD 21205	NONE EXEMPT	UNRESTRICTED	5,000
JEFFERSON COUNTY OUTREACH FOR YOUTH BALTIMORE, MARYLAND	NONE EXEMPT	UNRESTRICTED	200
UNIVERSITY OF MARYLAND MEDICAL SYSTEM 22 S GREENE STREET BALTIMORE, MD 21201	NONE	UNRESTRICTED	1,690
BABE RUTH MUSEUM 216 EMORY STREET BALTIMORE, MD 21201	NONE	UNRESTRICTED	12,500
CAL RIPKEN SR. FOUNDATION 1427 CLARKVIEW ROAD SUITE 100 BALTIMORE, MD 21209	NONE	UNRESTRICTED	250,000
BATTER UP FOUNDATION PO BOX 62425 WASHINGTON, DC 20020	NONE EXEMPT	UNRESTRICTED	20,000

521393

V 09-9 4

FOUNDATION
ORIOLES
BALTIMORE
THE

52-6058645

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

30,000 25,000 75,000 10,000 10,000 AMOUNT ATTACHMENT 7 (CONT'D) PURPOSE OF GRANT OR CONTRIBUTION UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT NONE NONE NONE NONE NONE ONE HUDSON SQUARE, 75 VARICK STREET COMMUNITY SERVICES OF CENTRAL MD THE JACKIE ROBINSON FOUNDATION BALTIMORE COMMUNITY FOUNDATION BALTIMORE SYMPHONY ORCHESTRA RECIPIENT NAME AND ADDRESS 2701 W PATAPSCO AVENUE 1212 CATHEDRAL STREET 110 SOUTH PACA STREET BALTIMORE, MD 21230 BALTIMORE, MD 21202 BALTIMORE, MD 21201 BALTIMORE, MD 21201 2 EAST READ STREET NEW YORK, NY 10013 UMMS FOUNDATION SUITE 110 9TH FLOOR 2ND FLOOR

TOTAL CONTRIBUTIONS PAID

469,690

V 09-9 4

# Form **88**68

(Rev. January 2011)

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

OMB No 1545-1709

Internal Revenue	-	► File a	separate a <sub>l</sub>	oplication for each return.				
If you are	filing for an	Automatic 3-Month Extension, o	omplete c	only Part I and check this box				▶ X
				sion, complete only Part II (on page				• •
				tomatic 3-month extension on a prev				<b>38</b>
a corporation 8868 to req Return for	n required uest an ex Transfers A	to file Form 990-T), or an addition tension of time to file any of the associated With Certain Persona	nal (not au forms liste I Benefit (	u need a 3-month automatic extens tomatic) 3-month extension of time ed in Part I or Part II with the excep Contracts, which must be sent to sit www.irs.gov/efile and click on e-fil	You can entertion of Fo the IRS	elec orm in p	tronica 8870, paper	illy file Form Information format (see
		-Month Extension of Time. On						
				atic 6-month extension - check this b	ov and cor	nnle	to	<del></del>
•								ightharpoonup
All other cor	norations (	unaludina 1120 C filora), partnarah	DO DEMIC	Cs, and trusts must use Form 7004 to	roquest an			of time
		* *	ips, KEIVIIC	s, and trusts must use Form 1004 to	request an	CX	51131011	Or time
to file income		sempt organization			Employer	iden	trficatio	n number
Type or			TTON		, ,			
print	THE BALTIMORE ORIOLES FOUNDATION 52-6058645  Number, street, and room or suite no. If a P O. box, see instructions							
File by the due date for	· ·	ST CAMDEN STREET	r, see manu	Storia				
filing your		or post office, state, and ZIP code For	a foreign ad	drace can instructions				
return See			a loreigit au	aress, see mandenons				
instructions	BALITM	ORE, MD 21201						
Enter the Re	turn code f	or the return that this application	s for (file a	a separate application for each return)	)			0 4
Application			Return	Application				Return
ls For			Code	Is For				Code
Form 990			01	Form 990-T (corporation)				07
Form 990-BL			02	Form 1041-A				08
Form 990-E2			03	Form 4720				09
Form 990-PF			04	Form 5227				10
		a) or 408(a) trust)	05	Form 6069				11
Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above)			06	Form 8870				12
1 01111 330-1	(ii usi otijei	tilati above)	- 00	1 01111 0070				
		care of ► ROBERT AMES 410 685-9800		TAV No. N				
			_	FAX No   States shock the bay				
				the United States, check this box				
				oup Exemption Number (GEN)				his is
				art of the group, check this box	▶∣		and at	tach
		d EINs of all members the extensi						
until		·	-	equired to file Form 990-T) extension ganization return for the organization		bove	e The	extension is
	-	ear 20 or						
			11 20 09	9, and ending	10/31	20	10	
ت ۲	tax year be	<u></u>	<u>, 20 0.</u>	, and chaing	<u> </u>	-	<del></del>	
	-	ered in line 1 is for less than 12 m ecounting period	onths, ched	ck reason Initial return	Fınal retur	'n		
3a If this	application	ıs for Form 990-BL 990-PF 99	0-T. 4720	or 6069, enter the tentative tax	less anv	Т		
							\$	0.
b If this	application	n is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable cr	edits and			· <del></del>
<u>estimat</u>	ted tax payr	ments made Include any prior yea	r overpayn	nent allowed as a credit		3 b	\$	0.
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS								
(Electro	onic Federa	Tax Payment System) See instru	ctions			3с	\$	0.
				with this Form 8868, see Form 8	453-EO a	nd l	Form 8	3879-EO for
payment inst	tructions							
For Paperwor	k Reduction	Act Notice, see Instructions.				Fon	n <b>886</b> 8	Rev 1-2011)

521393

Form 8868 (Rev	/ 1-2011)		_		Page 2				
<ul> <li>If you are</li> </ul>	filing for an Additional (Not Automatic) 3-Mo	nth Extens	ion, complete only Part II and che	ck this box	► X				
	complete Part II if you have already been grante								
	filing for an Automatic 3-Month Extension, c								
Part II	Additional (Not Automatic) 3-Month Ex	tension o	f Time. Only file the original (no	copies needed).					
Type or	Name of exempt organization	Employer identification number							
print	THE BALTIMORE ORIOLES FOUNDAT		52-6058645						
File by the	Number, street, and room or suite no. If a P.O. box	<del></del>							
extended due date for	333 WEST CAMDEN STREET								
filing your	City, town or post office, state, and ZIP code. For a foreign address, see instructions								
return See instructions	BALTIMORE, MD 21201								
Enter the Re	aturn code for the return that this application is	for /file e co	pharate application for each return)	Γ	0 4				
inter the re	eturn code for the return that this application is	ioi (ille a se	parate application for each return)		لنات				
Application		Return	Application	T B	leturn				
		1			Code				
Is For		Code	Is For	<del></del>	Code				
Form 990	<del></del>	01	<del></del>						
Form 990-B		02	Form 1041-A	<del></del>	08				
Form 990-E.		03	Form 4720		10				
Form 990-PF 04 Form 5227									
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069									
	(trust other than above)	06	Form 8870	<u></u>	12				
	ot complete Part II if you were not already gr	anted an au	utomatic 3-month extension on a pr	eviously filed Form 8868.					
	s are in the care of  ROBERT AMES								
	e No. ► 410 685-9800		FAX No ▶						
<ul> <li>If the orga</li> </ul>	anization does not have an office or place of b	iusiness in t	the United States, check this box .						
If this is for	or a Group Return, enter the organization's fou	ır digit Grou	ip Exemption Number (GEN)	If this is	;				
for the whole	e group, check this box ▶ 🔛 🛚 🖠	If it is for pa	rt of the group, check this box	▶ and attach	a				
list with the	names and EINs of all members the extension	ıs for							
	est an additional 3-month extension of time unti-		09/15.						
5 Forca	lendar year, or other tax year beginnii	ng	11/01 , 20 09 , and ending	10/31,20	10				
	ax year entered in line 5 is for less than 12 moi			Final return					
	Change in accounting period								
7 State	n detail why you need the extension INFOF	RMATION	NECESSARY TO PREPARE A C	OMPLETE AND					
ACC	CURATE RETURN IS NOT YET AVAILA	ABLE.							
		<del></del>							
8a If this	application is for Form 990-BL, 990-PF, 9	90-T, 4720	, or 6069, enter the tentative ta	x, less any	<del></del>				
	undable credits. See instructions			8a \$	7.				
	application is for Form 990-PF, 990-T,	4720. o	r 6069, enter any refundable c						
	ited tax payments made include any pr			(MONE)					
	nt paid previously with Form 8868	,		8b \$	0.				
	ce Due. Subtract line 8b from line 8a Include	VOUL DAVIT	pent with this form if required by u						
	onic Federal Tax Payment System) See instru		ione was and form, in roductor, by a	8c \$	7.				
(Licon			nd Verification	100 8	<del></del>				
Under populis	s of perjury, I declare that I have examined this form,			to the best of my knowledge :	and belief				
	ct, and complete and that I am authorized to prepare this for		companying schedules and statements, and	to the best of my knowledge of	and boner,				
1.	h & Kaladal								
Signature >	Workin ) ( large of		Title -	Date ▶					
,	THE BAZTIMORE ORIOLES FOUNDATION	NC		Form <b>8868</b> (Re	ev 1-2011)				
	333 WEST CAMDEN STREET								
3	BALTIMORE, MD 21201			•					

2 ND extension

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