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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

2010

Open to Public Inspection

A Fo	r the	2010 ca	alendar year, or tax year begin	ning 07-01-2010 and ending 06-30-20	11				
		pplicable	C Name of organization TOWSON UNIVERSITY FOUNDATION	ON INC		D Empl	oyer	identification	number
	tress cl	_	Doing Business As			52-0	939	453	
∏ Naı	me cha	inge	Doing Business 7.5			E Telep	hone	number	
Init	ıal retu	ırn		f mail is not delivered to street address)	Room/suite	(410	) 70	4-2040	
Ter	mınate	ed	8000 YORK ROAD						
☐ Am	ended	return	City or town, state or country, ar TOWSON, MD 212520001	nd ZIP + 4	<u> </u>	<b>G</b> Gross	recei	pts \$ 10,284,02	!1
☐ App	olication	n pending	10W30N, MD 212320001						
			<b>F</b> Name and address of p	rıncıpal officer	H(a) Is this	a group return	for affi	iliates? Yes	▼ <sub>No</sub>
			DR GARY N RUBIN 8000 YORK ROAD					–	<b>-</b>
			TOWSON,MD 21252000	01	H(b) Are all			d?	Yes No
			<u> </u>			ıp exempt			actions)
<u> </u>	x-exen	npt status	<b>✓</b> 501(c)(3)   501(c)( ) •	◀ (insert no )					
J W	ebsit	e: 🕨 WW	/W TO WSON EDU/TUFOUND	ATION					
<b>K</b> For	n of or	ganızatıon	Corporation Trust Associa	ation Cther ►	<b>L</b> Year of fo	rmation 19	70	M State of lega	al domicile
Do	rt I	Sum	. MA O P.V.					MD	
Pa			mary						
	1		_	sion or most significant activities FUNDS FOR THE BENEFIT OF TOWS(	ON UNIVERSIT	-Y			
<u>2</u>			,						
Activities & Governance									
臺	2	Check th	nis box 🕶 if the organization	discontinued its operations or disposed	d of more than 2	5% of its	net	assets	
3			,	rning body (Part VI, line 1a)			3		16
න් ග				s of the governing body (Part VI, line 1			4		16
ĕ				in calendar year 2010 (Part V, line 2a)			5		82
<del>2</del>	6	Total nu	mber of volunteers (estimate i	fnecessary)			6		17
ď	7a	Total un	related business revenue from	Part VIII, column (C), line 12			7a		0
	ь	Net unre	lated business taxable incom	e from Form 990-T, line 34			7b		0
					Prio	r Year		Curren	t Year
g.	8		butions and grants (Part VIII,			5,042,			3,503,362
H.	9			, line 2g)		313,329			246,073
Revenu	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							1,736,819
_	11			(A), lines 5, 6d, 8c, 9c, 10c, and 11e)		413,	865		480,531
	12			11 (must equal Part VIII, column (A), lı	ne	6,906,9	993		5,966,785
	13			art IX, column (A), lines 1-3)		2,084,	829		1,213,064
	14	Benefi	ts paid to or for members (Par	t IX, column (A), line 4)			0		0
ø.	15		es, other compensation, emplo	yee benefits (Part IX, column (A), lines	; 5 <i>-</i>	020	,		1 0 4 7 2 6 5
Expenses	16-	10)		V (A.) I 4.4		928,			1,047,365
क्	16a		- ,	X, column (A), line 11e)			0		0
五	b		indraising expenses (Part IX, column			1 016	402		1 500 206
	17 18			), lines 11a-11d, 11f-24f)		1,816,4			1,598,296 3,858,725
	19			nust equal Part 1X, column (A), line 25)		2,076,9			2,108,060
± 00		1/2 4 611	an industry of the state of the		Beginning	g of Curre			
Net Assets or Fund Balances						ear	_	End of	Year 
SS. Bajá	20	Total	assets (Part X, line 16)			45,205,0	064	į	52,767,639
3 g	21					1,330,			1,296,140
	22			ct line 21 from line 20		43,875,0	009	į	51,471,499
	rt II		ature Block	sined this return, including assemblying	achadulae and a	tataments	and	to the best o	f mu
know		and belie		nined this return, including accompanying te. Declaration of preparer (other than offi					
		Tı			ı				
۵.		**** Signa	** ature of officer			012-05-04 ate			
Sign Here		[ ]		NO.	De				
1161	_		GARY N RUBIN EXECUTIVE VICE PRES or print name and title	SIDEN (					
	I	Print/Type	<u> </u>	Preparer's signature	Date	Check if sel	f-	PTIN	
Paid	ļ	preparer's	s name SUSAN KELLER	SUSAN KELLER	Date	employed I		LITIA	
Prepare	arer		me FELLIN & TUCKER CHARTERED					Fırm's EIN	<u> </u>
Use (		Firm's add	dress 🕨 100 S CHARLES ST SUITE 13					Phone no	(410) 727-
'	,		BALTIMORE, MD 21201					5735	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	<del>.</del>
1	Briefly describe the organization's mission	
A D M BENE	WSON UNIVERSITY FOUNDATION, INC IS ORGANIZED TO RECEIVE, HOLD, INVEST, MANAGE, USE, DISPO MINISTER PROPERTY OF ALL KINDS WHETHER GIVEN ABSOLUTELY, IN TRUST OR BY WAY OF AGENCY OR CONFIT AND PROMOTION OF TOWSON UNIVERSITY OR FOR ALL OF THE EDUCATION AND SUPPORT ACTIVINDUCTED BY TOWSON UNIVERSITY	THERWISE FOR THE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	es 🔽 No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es 🔽 No
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expe Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount o allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 740,260 including grants of \$ 740,260 ) (Revenue \$	)
	SCHOLARSHIPS AND AWARDS TOWSON UNIVERSITY FOUNDATION IS COMMITTED TO PROVIDING STUDENTS WITH THE OPPORTUNITY TO EDUCATION - AN EDUCATION THAT HELPS STUDENTS DEVELOP THE ABILITY TO THINK CRITICALLY, TO BE LITERATE, INFORMED AND AR DIVERSITY, TO DISCUSS AND DEBATE IDEAS AND ISSUES FROM MULTIPLE PERSPECTIVES, AND TO BE CAPABLE OF TAKING ON RESPONSI CHANGING WORLD TO CREATE THOSE OPPORTUNITIES, MANY STUDENTS NEED AND DESERVE FINANCIAL ASSISTANCE TOWSON UNIVER 266 ENDOWED SCHOLARSHIPS AND PRESENTS ADDITIONAL CASH AWARDS EACH YEAR TO DESERVING STUDENTS SINCE STATE OF MAR ACCOUNTS FOR LESS THAN 1/3 OF THE COST OF A TOWSON UNIVERSITY EDUCATION, PRIVATE FUNDING FROM GENEROUS DONORS ALL AND TOMORROW'S LEADERS TO MEET THEIR FINANCIAL OBLIGATIONS IN THE YEAR ENDING JUNE 30, 2011, THE FOUNDATION MADE 45 AWARDS TO DESERVING STUDENTS TOTALING \$740,260	TICULATE, TO HONOR IBILITY IN AN EVER- RSITY FOUNDATION HAS YLAND FUNDING NOW LOWS TODAY'S STUDENTS
4b	(Code ) (Expenses \$ 816,906 including grants of \$ ) (Revenue \$	)
70	WTMD RADIO STATION WTMD IS LICENSED TO AND LOCATED AT TOWSON UNIVERSITY WTMD CARRIES A SPECIAL RESPONSIBILITY, AS O LOCALLY OWNED RADIO STATIONS IN TOWSON AND BALTIMORE WE FOCUS OUR MUSIC ON SONGS THAT TELL STORIES AND ARE PERFO ARE COMMITTED TO THEIR CRAFT AND THE POWER THAT MUSIC CAN PLAY IN OUR LIVES IT'S A MIX OF FOLK, BLUES AND ACOUSTIC BY ARTISTS THAT HAVE BEEN OUR LIFE LONG COMPANIONS AND NEW ARTISTS WHO WRITE THEIR OWN MATERIAL AND TRULY BELIEVE IN TO TODAY'S FAVORITES, WE FEATURE MULTIPLE CUTS FROM VARIOUS ALBUMS IN AN ATTEMPT TO UNDERSTAND WHAT AN ARTIST IS SA LICENSED TO TOWSON UNIVERSITY, WTMD IS PART OF THE UNIVERSITY ADVANCEMENT DIVISION THE STATION PROVIDES STUDENTS WE INTERNSHIP AND INDEPENDENT STUDY OPPORTUNITIES TOWSON UNIVERSITY IS THE ONLY INSTITUTION OF HIGHER LEARNING TO OFF WITMD BRINGS THE UNIVERSITY AND ITS ACTIVITIES TO THE GREATER COMMUNITY THROUGH ITS PROGRAMMING AND EVENTS WITMD MARYLAND REGION WITH FREE CONCERTS SIX TIMES A YEAR AND SUPPORTS OTHER NON PROFIT ARTS AND CULTURAL ORGANIZATIONS PROMOTIONAL OPPORTUNITIES AND INTERACTIVE ACTIVITIES WITMD IS LISTENER SUPPORTED RADIO AND WE BELIEVE IT'S OUR RESPOLOCAL MUSICIANS WE HOPE YOU'LL FIND THE SAME EXCITEMENT LISTENING TO THESE ARTISTS ON THE RADIO AS YOU DO WHEN THEY AND CONCERT HALLS WITMD SERVES AS A FORUM FOR COMMUNITY NEWS, CURRENT EVENTS, MUSIC AND EDUCATIONAL PROGRAMMIN	RMED BY ARTISTS WHO ASED ROCK WE FEATURE HEIR ART IN ADDITION YING WITH THEIR MUSIC VITH A VARIETY OF EER A MAJOR IN RADIO PROVIDES THE CENTRAL S WITH AIR TIME, NSIBILITY TO SUPPORT PLAY LIVE AT FESTIVALS
		,
4c	(Code ) (Expenses \$ 730,918 including grants of \$ ) (Revenue \$ UNIVERSITY SUPPORTTO CREATE AN ENVIRONMENT THAT IS CONDUCIVE TO LEARNING, INSTITUTIONS OF HIGHER LEARNING MUST HAV FACULTY DEDICATED TO TEACHING FUNDS ARE AVAILABLE FOR USE BY THE PRESIDENT, VICE PRESIDENTS, AND DEANS OF THE SEVEN THOSE AREAS WHERE IMPROVEMENTS ARE NEEDED WE REMAIN COMMITTED TO OUR GOAL OF HELPING THE UNIVERSITY ATTRACT, HIF MEMBERS WHO ARE LEADERS IN THEIR FIELD OF STUDY, AND WHO HAVE DEMONSTRATED SUPERIOR TEACHING SKILLS TO KEEP THEM DEVELOPMENTS IN THEIR FIELD AND TEACHING METHODS, THEY ARE ENCOURAGED TO ATTEND SEMINARS AND CONFERENCES	COLLEGES TO SUPPORT RE AND RETAIN FACULTY
4d	Other program services (Describe in Schedule O ) See also Additional Data for Description (Expenses \$ 986,358 including grants of \$ 472,804 ) (Revenue \$	,
		)
4e	total program service expenses►\$ 3,274,442	

Part IV	Checklist	of Red	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b	Yes	
c	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.	11c		No
d	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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
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? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	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, Parts III and IV .	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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "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		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		Νο
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		No
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? <i>If "Yes," complete Schedule L, Part III</i>	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
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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		Νο
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)?	35		Νο
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 48			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	•		
c	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			
h	return			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
l	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		N
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Done the appropriate have appropriate that are personally appearant to \$100,000, and did the	5c	Yes	
•	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	res	
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7c		N
•	11 res, indicate the number of forms 5252 med during the year.			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
••	Form 1098-C?	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		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
•	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
	facilities	•		
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
ט	against amounts due or received from them )	-		
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
3	year  Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	4.5		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans	<u> </u>		
C	Enter the amount of reserves on hand 13c			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N o
	If "Voc " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	146		

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

Check if Schedule O contains a response to any question in this Part VI .									. 🗸	
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Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
10-	Describes an accordance have been been been been as efficience.	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
ь	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	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	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )		100	
	The state of the process in schedule of (See Instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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 exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶AK , CA , CO , KY , MA , MD , ME , NH ,			, wv ,
	DC,AZ,HI,MI,MN,NY,OK,SC,U	T.WA		

- 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 V Upon request
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 JOHN J MEASE JR 7720 YORK ROAD

TOWSON, MD 21204 (410) 704-3278

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

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . . . . .

#### 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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) A verage hours	Posii t	(C tion ( hat a	che		II		( <b>D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) MARY F SHOCK PRESIDENT	4 00	х		х				0	0	0
(2) JOHN A HAYDEN III ESQ VICE PRESIDENT	4 00	х		х				0	0	0
(3) MARCIA ZERCOE SECRETARY	4 00	х		х				0	0	0
(4) BRYAN M THALER TREASURER	4 00	х		х				0	0	0
(5) J WILLIAM MURRAY VICE PRESIDENT	4 00	х		х				0	0	0
(6) LAWRENCE H LETOW VICE PRESIDENT	4 00	Х		х				0	0	0
(7) DANIEL J MCCARTHY DIRECTOR	1 00	Х						0	0	0
(8) ANNE DOYLE ESQ DIRECTOR	1 00	х						0	0	0
(9) THOMAS BERENBACH DIRECTOR	1 00	х						0	0	0
(10) HOWARD J ROSEN CPA DIRECTOR	1 00	х						0	0	0
(11) IRA W COX DIRECTOR	1 00	х						0	0	0
(12) MARK C SULLIVAN DIRECTOR	1 00	х						0	0	0
(13) RAYMOND J BRUSCA DIRECTOR	1 00	х						0	0	0
(14) EDWIN S CRAWFORD DIRECTOR	1 00	х						0	0	0
(15) EDWIN F HALE JR DIRECTOR	1 00	х						0	0	0
(16) DENNIS MATHER DIRECTOR	1 00	Х						0	0	0

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

	(A) Name and Title	(B) Average hours per	1	(tion that a			11		(I Repor comper from	nsation	<b>(E)</b> Reportable compensation from related		(F) Estima amount o compens	ated fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza 2/1099	tion (W-	organizations (W- 2/1099- MISC)	5	from t organizati relati organiza	the on and ed
	JOHN J MEASE JR F FINANCE	45 00			х					106,414		0		7,71
								_						
								<u> </u>						
1b	Sub-Total				•	•	· ·	•						
c d	Total from continuation sheet:  Total (add lines 1b and 1c) .	•						<b>&gt;</b>		106,414		0		7,715
2	Total number of individuals (inc \$100,000 in reportable compe		nıted to	thos	e lıs		<u>.</u> above		l o received	,	n	<u> </u>		,,,,,
													Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete So					ey e	mploy •	ee, c	or highest	compens:	ated employee	3		Νo
4	For any individual listed on line organization and related organi individual	•	•							•		4		Νο
5	Did any person listed on line 1a services rendered to the organi		•				•		•		r individual for •	5		Νο
S	ection B. Independent Co	ntractors												
1	Complete this table for your fiv \$100,000 of compensation from			ındep	end	ento	ontra	ctors	that rece	ived more	than			
	Na	(A) ame and business ad	dress							Descr	(B) uption of services		(C Compen	
CHAR	TWELLCOMPACE CROUDING									20001			22.77931	

(A) Name and business address	(B) Description of services	(C) Compensation
CHARTWELLSCOMPASS GROUP USA PO BOX 91337 CHICAGO, IL 60693	FOOD SERVICES	181,895
3. Total number of independent contractors (including but not limited to those listed above)	who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►1

		(2010)					Р	age <b>9</b>
Part \	VIII	Statement of Revenu	ıe		(A)	(B)	(C)	(D)
					Total revenue	Related	Unrelated	
						or exempt	business revenue	excluded
						function		from
								tax
						revenue		under
								512, 513, or
								514
nts nts	1a	Federated campaigns	1a					
Tail of	ь	Membership dues	. 1b					
Contributions, gifts, grants and other similar amounts	С	Fundraising events	. 1c	51,633				
#£		Related organizations						
s, c mil		-						
on Si	е	Government grants (contributions)	<b>1e</b>					
至	f	All other contributions, gifts, grants, similar amounts not included above	and <b>1f</b>	3,451,729				
記号	a			146,200				
E D					2 502 202			
ပဏ	h	Total. Add lines 1a-1f		_	3,503,362			<u> </u>
a_				Business Code				
Program Service Revenue	2a			900099		176,445		
22	ь	SALES/MISC/CERAMIC GUI		900099	69,628	69,628		<del> </del>
<u> 93</u>	С							
ery.	d							
3 5	e							
Ta	f	All other program service rev	renue					
Š	_	Total. Add lines 2a-2f	<b>.</b>		246,073			
	3				246,073			<del>                                     </del>
	_	Investment income (includin and other similar amounts)			1,194,559			1,194,55
	4	Income from investment of tax-exe			_,			-,,
	5	Royalties			55,123			55,12
	3	Royalties	(ı) Real	(II) Personal	,			
	62	Gross Rents	904,978	(II) Personal				
		Less rental	812,517					
		expenses						
	С	Rental income or (loss)	92,461					
	d	Net rental income or (loss)	🟲		92,461			92,46
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	3,864,730					
		assets other						
	h	than inventory Less cost or	3,322,470					
		other basis and	-,,					
	c	sales expenses Gain or (loss)	542,260					
		Net gain or (loss)			542,260			542,26
ψ.		Gross income from fundraisir						
пщ		(not including						
ĕve		\$51,633						
άČ		of contributions reported on I See Part IV, line 18						
ē			a	299,281				
Other Revenue	ь	Less direct expenses	. Ь	182,249				
-		Net income or (loss) from fun	<u>.</u>	102,213	117,032			117,03
			ctivities See Part IV, line 19 . a					
		Less direct expenses						
		Net income or (loss) from gai						
		Gross sales of inventory, les						
		returns and allowances .						
			а					
		Less cost of goods sold .	_					
	С	Net income or (loss) from sal	les of inventory 🟲	1				<u> </u>
		Miscellaneous Revenue		Business Code				
	11a	OTHER INCOME		900099	110,152			110,15
	Ь	SPECIAL PRO GRAMS		900099	105,763			105,76
	c	·						
	d	All other revenue						
	е	Total. Add lines 11a-11d .			215,915			
			▶		215,915			
	12	Total revenue. See Instruction	ons					

	990 (2010)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
А	Section $501(c)(3)$ and $501(c)(4)$ organizations must li other organizations must complete column (A) but are not required to $\alpha$	-		(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,201,327	1,201,327		· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	11,737	11,737		
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	114,129		114,129	
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	759,897	579,377	133,251	47,269
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	44,861	35,116	9,745	
9	Other employee benefits	50,557	38,127	12,430	_
10	Payroll taxes	77,921	53,812	20,547	3,562
а	Fees for services (non-employees) Management	265	265		
b	Legal	8,888	4,579	4,309	_
С	Accounting	45,671	1,155	44,516	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	156,664	99,284	57,380	
g	Other	387,738	358,768	11,193	17,777
12	Advertising and promotion	416,832	366,782	507	49,543
13	Office expenses	45,068	40,331	3,944	793
14	Information technology	19,772	14,529	5,243	
15	Royalties				
16	Occupancy	12,211	10,519	1,692	
17	Travel	88,980	87,049	255	1,676
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings	30,807	29,807		1,000
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,044		488	3,556
23	Insurance	12,139	2,256	9,883	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	EDUCATIO NAL PRO GRAMS	174,448	174,448		
b	EQUIP RENTAL & MAINT	65,998	65,544	349	105
c	DUES AND MEMBERSHIPS	50,826	48,318	660	1,848
d	CREDIT CARD FEES/MISC	40,780	15,189	3,796	21,795
е	PRINTING & PUBLICATIONS	37,165	36,123	373	669
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,858,725	3,274,442	434,690	149,593
26	<b>Joint costs.</b> Check here ► ☐ If following				<u> </u>
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	55564 Guadational campaign and landraising solicitation	I	l	_	000 (2.01.0)

Part X Balance Sheet (A) (B) Beginning of year End of year 915 915 1 1 1.994.595 2 4.133.655 2 Savings and temporary cash investments . . . . . . . 753,358 513,761 3 19.847 0 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 150,000 8 8 Prepaid expenses and deferred charges . . . . 75,840 9 67,074 10a Land, buildings, and equipment cost or other basis Complete 179,604 10a Part VI of Schedule D 176.235 ь Less accumulated depreciation . . . . . 10b 4,613 **10c** 3,369 11 11 39,561,707 12 46,537,453 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 2,644,189 15 1,511,412 15 16 45,205,064 16 52,767,639 Total assets. Add lines 1 through 15 (must equal line 34) . . . 328.555 17 296.140 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 1.000.000 23 23 1.000.000 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 1,500 25 25 0 Other liabilities Complete Part X of Schedule D . . . . . 26 1.330.055 26 1,296,140 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 768.598 2,324,593 Temporarily restricted net assets . . . . . 10,127,693 15,489,882 28 28 Fund 33,657,024 32,978,718 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 43,875,009 33 51,471,499 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 45,205,064 52,767,639

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5.0	966,78
2	Total expenses (must equal Part IX, column (A), line 25)	2			358,72
3	Revenue less expenses Subtract line 2 from line 1	3			108,06
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		43,8	375,00
5	Other changes in net assets or fund balances (explain in Schedule O)	5		5,4	188,43
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		51,4	171,49
Pai	Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			৮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
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 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 in a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued			
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?	e	3a	_	No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	_	

**Employer identification number** 

OMB No 1545-0047

# SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

Inspection

TOWSON UNIVERSITY FOUNDATION INC 52-0939453 Reason for Public Charity Status (All organizations must complete this part.) See instructions 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 described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I Type II c Type III - Functionally integrated Type III - Other 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 and (III) below, the governing body of the the supported organization? 11g(i) (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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organizati col (i) list your gove	Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

# Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. If the	e organization	rails to quality u	inder the tests i	isted below, pie	ease co	mpiete i	art III.)
	ection A. Public Support endar year (or fiscal year beginning	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
_	ın) ►	(2) 2000	(B) 2007	(6) 2000	(d) 2009	(6) 2	010	(I) I otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	5,508,43	6,612,371	7,318,703	5,042,203	3	3,503,362	27,985,071
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its							
	behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
4	Total. Add lines 1 through 3	5,508,43	2 6,612,371	7,318,703	5,042,203	3	,503,362	27,985,071
	The portion of total contributions	3,550,15	3,012,071	1,510,105	3,612,263		,,505,552	2,,,,,,,,,
•	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							3,630,455
	on line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from line 4							24,354,616
S	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 20	010	(f) Total
7	A mounts from line 4	5,508,432	6,612,371	7,318,703	5,042,203	3	,503,362	27,985,071
8	Gross income from interest,							
	dividends, payments received on	1 002 626	1 000 224	1 710 564	1 000 714	,	154.660	0.010.000
	securities loans, rents, royalties and income from similar	1,093,636	1,990,334	1,710,564	1,869,714	2	,154,660	8,818,908
	sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
10	Carried on Other income Do not include							
IO	gain or loss from the sale of							
	capital assets (Explain in Part							
	IV)							
11	Total support (Add lines 7 through 10)							36,803,979
12	Gross receipts from related activiti	es, etc (See ins	tructions )			12		2,381,217
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 fı	fth tax year as a !	501(c)(3	3) organız	ation, ▶┌
S	ection C. Computation of Pub	olic Support F	Percentage					
14	Public Support Percentage for 2010			11 column (f))		14		66 170 %
15	Public Support Percentage for 2009	9 Schedule A , Pa	irt II, line 14			15		40 670 %
16a	<b>33 1/3% support test—2010.</b> If the				ne 14 is 33 1/3%	or more	, check t	
L	and <b>stop here.</b> The organization qua	•	• • • •		1 1 F 1	2 1/20/		<b>₩</b> ▼
D	<b>33 1/3% support test—2009.</b> If the box and <b>stop here.</b> The organization				a, and tille 15 is 3	3 1/370	or more,	Lifeck tills ▶
17a	10%-facts-and-circumstances test-				e 13, 16a, or 16b	and line	14	- ,
	ıs 10% or more, and ıf the organiza			· · · · · · · · · · · · · · · · · · ·		-	•	
	in Part IV how the organization mee	ets the "facts and	d circumstances"	test The organiza	ition qualifies as	a publicl	y support	· —
h	organization  10%-facts-and-circumstances test-	<b>-2009</b> If the ora	anization did not o	heck a hov on lin	e 13 16a 16h o	r 172 25	nd line	<b>►</b>
	15 is 10% or more, and if the organ	_						
	Explain in Part IV how the organiza							_
	supported organization							<b>►</b> □
18	<b>Private Foundation</b> If the organizat instructions	ion did not check	k a box on line 13,	16a, 16b, 17a or	1/b, check this	box and	see	<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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DLN: 93493128011872

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

WSON UNIVERSITY FOUNDATION INC			employer identific	cation number				
			52-0939453					
	intaining Donor Advised Funds or Ot	ther Similar Fun	lar Funds or Accounts. Complete if t					
organization answe	red "Yes" to Form 990, Part IV, line 6. (a) Donor advis	sed funds	(h) Funda and	other accounts				
T-4-1	(a) Donor advis	sea lunas	(b) Funds and	other accounts				
Total number at end of year								
Aggregate contributions to (d								
Aggregate grants from (durin								
Aggregate value at end of year	ır							
<del>-</del>	ll donors and donor advisors in writing that the a property, subject to the organization's exclusive		advised	┌ Yes ┌ No				
<del>-</del>	ll grantees, donors, and donor advisors in writin oses and not for the benefit of the donor or dono ate benefit	-	•	┌ Yes ┌ No				
	sements. Complete if the organization ar	nswered "Yes" to I	Form 990, Part 1	IV, line 7.				
Preservation of land for protection of natural hab	ritat Finds  Fin	Preservation of an hi Preservation of a cer	rtıfıed hıstorıc stru	•				
easement on the last day of t	ne tax year		Held at th	e End of the Year				
Total number of conservation	ı easements	<del> </del>	2a	e End of the real				
Total acreage restricted by c		<u> </u>	2b					
	ements on a certified historic structure included	—						
			2c					
Number of conservation ease	ments included in (c) acquired after 8/17/06	<u>_</u>	2d					
the taxable year -	 erty subject to conservation easement is locate	ed <b>►</b>						
	written policy regarding the periodic monitoring		– ng of violations, ar	TYes No				
Staff and volunteer hours dev	oted to monitoring, inspecting and enforcing co	onservation easemen	nts during the year	<b>+</b>				
A mount of expenses incurred	I in monitoring, inspecting, and enforcing consei	rvation easements d	during the year ► \$					
Does each conservation east 170(h)(4)(B)(ı) and 170(h)(4	ement reported on line $2(d)$ above satisfy the re $O(B)(II)$ ?	equirements of section	on	┌ Yes ┌ No				
	e organization reports conservation easements fapplicable, the text of the footnote to the orgar g for conservation easements							
	intaining Collections of Art, Historica anızatıon answered "Yes" to Form 990, Pa		r Other Similar	Assets.				
art, historical treasures, or o	s permitted under SFAS 116, not to report in its ther similar assets held for public exhibition, ed of the footnote to its financial statements that	lucation or research	ın furtherance of p					
	s permitted under SFAS 116, to report in its rev similar assets held for public exhibition, educat s relating to these items							
(i) Revenues included in For	n 990, Part VIII, line 1		<b>►</b> \$					
(ii) Assets included in Form	990. Part X		<b>►</b> \$					
If the organization received o	or held works of art, historical treasures, or othe be reported under SFAS 116 relating to these			ride the				
Revenues included in Form 9			<b>►</b> \$					
	, ·· , ····- <del>-</del>		· Ψ					

Assets included in Form 990, Part X

Par	<b>TITE</b> Organizations Maintaining Co	llections of Art	<u>, His</u>	storical Tre	easur	es, or Ot	<u>her</u>	Similar As	sets	(coi	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne following th	nat are	a sıgnıfıcar	nt us	e of its collec	tion		
а	▼ Public exhibition		d	┌ Loan o	rexcha	ange progra	ms				
b	Scholarly research		e	┌ Other							
С	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın ho	w they further	the or	ganızatıon's	exe	mpt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,				ar	ΓYe	:s	দ No
Par	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the organiz	ation			s" to Form 9	90,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for contribut	ions or	other asse	ts no	ot	ΓYe	s	∏ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng table		_					
_								Ar	nount		
c c	Beginning balance						lc a				
d	Additions during the year						ld				
e f	Distributions during the year					<u> </u>	le •				
f	Ending balance	000 5 111				[_3	f		<u> </u>		
2a	Did the organization include an amount on Fo		e 21?						ΓYe	s	☐ No
	If "Yes," explain the arrangement in Part XIV				U	000	<u> </u>	T) (   40			
Рa	rt V Endowment Funds. Complete	f the organization (a)Current Year		Wered "Yes Prior Year				IV, IINE 10. Three Years Back	(A)F	our Ye	ears Back
1a	Beginning of year balance	30,993,086	(-	25,888,463	(C) W	31,257,51	_	Tillee Tears back	(e)	Jul 16	ears back
b	Contributions	1,054,304		2,144,747		2,655,80	+				
c	Investment earnings or losses	7,462,344		3,914,837		-6,745,41	+				
d	Grants or scholarships										
e	Other expenditures for facilities and programs	824,879		954,961		1,279,45	3				
f	Administrative expenses										
q	End of year balance	38,684,855		30,993,086		25,888,46	3				
2	Provide the estimated percentage of the yea	r end balance held a			<u>I</u>						
а	Board designated or quasi-endowment										
ь	Permanent endowment 100 000 %										
	remanent endowment F										
c 3a	Term endowment ►  Are there endowment funds not in the posses	ssion of the organiz	ation	that are held	and ad	ministered	for th	10			
Ju	organization by	ssion of the organiz	acion	that are nera	una aa	mmstered	101 (1		Y	'es	No
	(i) unrelated organizations							3a	(i)		No
	(ii) related organizations							3a(	ii)		No
b	If "Yes" to 3a(11), are the related organization	•					•	3	b		
4	Describe in Part XIV the intended uses of th				_						
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	See Form 99	0, Par	t X, line 1	.0.				
	Description of investment			(a) Cost or basis (inves		( <b>b)</b> Cost or o basis (othe		(c) Accumulate depreciation		( <b>d)</b> Bo	ook value
1a	Land										
b	Buildings										
c	Leasehold improvements										
d	Equipment				179,604			176,	235		3,369
е	Other	<u> </u>									
Tota	II. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B,	), line 10(c).)	<u>.</u>	<u> </u>					3,369
								Schedule I	) (For	m 99	90) 2010

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	)
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Good on any out manage value
(2)Closely-held equity interests		
(3)Other (A) ANNUITY CONTRACTS	5,857	F
(B) STOCK MUTUAL FUNDS	26,194,997	F
(C) BOND MUTUAL FUNDS		F
	14,117,805	
(D) CORPORATE STOCK	99,226	F
(E) COMINGLED FUND INTEREST	6,119,568	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-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
(a) Descrip	) CIOII	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	(5.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,966,785
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,858,725
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,108,060
4	Net unrealized gains (losses) on investments	4	6,591,292
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-1,123,768
8	Other (Describe in Part XIV)	8	20,906
9	Total adjustments (net) Add lines 4 - 8	9	5,488,430
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,596,490
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	13,573,749
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 20,906		
e	Add lines <b>2a</b> through <b>2d</b>	2e	6,612,198
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,961,551
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
с _	Add lines 4a and 4b	4c	-994,766
5 Dord	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,966,785
1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial	Per	4,853,491
_	statements	1	.,,,,,,,
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	.	
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	994,766
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,858,725
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)		
с -	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,858,725
C om Part	oplete 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 to tional information		

<b>Ident if ier</b>	Return Reference	Explanation
	PART III, LINE 1A	PRIOR TO THE YEAR ENDED JUNE 30,2011, THE FOUNDATION RECORDED GIFTS OF ANTIQUES, ART OBJECTS AND COLLECTIONS AT FAIR VALUE AT THE DATE OF THE GIFT EFFECTIVE JULY 1,2010, THE FOUNDATION ELECTED TO CHANGE THE METHOD OF ACCOUNTING FOR ANTIQUES, ART OBJECTS AND COLLECTIONS, SO THEY ARE NOT RECOGNIZED AS ASSETS IN THE STATEMENTS OF FINANCIAL POSITION THE NEW METHOD OF ACCOUNTING WAS ADOPTED BECAUSE THESE ITEMS ARE HELD FOR EXHIBITION TO THE PUBLIC AND EDUCATIONAL PURPOSES RATHER THAN FINANCIAL GAIN AND, THEREFORE, THE NEW POLICY PROVIDES A MORE MEANINGFUL PRESENTATION OF FINANCIAL POSITION PRIOR PERIOD FINANCIAL STATEMENTS HAVE BEEN RESTATED TO REFLECT THIS CHANGE RETROSPECTIVELY THE EFFECT OF THE CHANGE WAS TO DECREASE UNRESTRICTED NET ASSETS AT JUNE 30,2010 AND 2009 BY \$1,123,783 AND \$1,002,458, RESPECTIVELY, AND DECREASE CONTRIBUTION REVENUE BY \$121,310 FOR
	PART III, LINE 4	THE YEAR ENDED JUNE 30,2010  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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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 SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO PRESERVE THE PURCHASING POWER OF THE ENDOWMENT ASSETS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION FOLLOWS THE PROVISIONS OF 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 2007
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY 20,906
		PART XII, LINE 4B AND PART XIII, LINE 2D RENTAL EXPENSE OF \$812,517 AND FUNDRAISING EXPENSE OF \$182,249 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 \$994,766

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DLN: 93493128011872

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

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

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Inspection

Name of the organization **Employer identification number** TOWSON UNIVERSITY FOUNDATION INC 52-0939453 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply

Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

<ul><li>i) Name and address of individual or entity (fundraiser)</li></ul>	(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 t (or retained by) organization
		Yes	No			
		<u> </u>				
		+				
d						

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

Pa	<b>Part II</b> Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or repmore than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.					
			(a) Event #1  FOOTBALL CRAB  FEAST  (event type)	(b) Event #2  THEATER EVENT (event type)	(c) O ther Events  9 (total number)	(d) Total Events (Add col (a) through col (c))
\$	1	Gross receipts	39,611	31,643	193,836	265,090
Reveilue	2	Less Charitable contributions	2,108	·	49,525	51,633
_	3	Gross income (line 1 minus line 2)	37,503	31,643	144,311	213,457
	4	Cash prizes				
ဟ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	3,461		25,802	29,263
а Š	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .	14,138		79,508	93,646
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)	🛌	122,909
	11	Net income summary Combine lir	nes 3 and 10 ın column (	d)	•	90,548
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pai	rt IV, line 19, or repo	rted more than
Revenue	1	Gross revenue	(a) Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
		Cash prizes				
euses		Non-cash prizes				
ă		Rent/facility costs				
Direct Expenses		Other direct expenses				
<u> </u>		· .	Γ Yes % Γ No	Γ Yes % Γ No	Γ Yes % Γ No	
	7	Direct expense summary Add lines  Net gaming income summary Comb			<b>.</b>	
9 a b	Is t If "	ter the state(s) in which the organizathe organization licensed to operate No," Explain  re any of the organization's gaming l Yes," Explain	gaming activities in each	n of these states?		
U	11	103, Expidiii				

11	Does the organization operate ga	aming activities with nonmembers?		<b>Г</b> үе	s $\Gamma_{No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (	jaming?		Г <sub>Yе</sub>	s $\Gamma_{No}$
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation <b>&gt;</b> \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	<b>*</b> \$			
	Description of services provided	<b>&gt;</b>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				·   Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par			r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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**General Information on Grants and Assistance** 

Schedule I

(Form 990)

DLN: 93493128011872

OMB No 1545-0047

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

**Inspection** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service Name of the organization TOWSON UNIVERSITY FOUNDATION INC

Employer identification number

52-0939453

Form 990, Part I'	V, line 21 for any	o Governments and recipient that receive eeded.	d more than \$5,000	). Check this box if	no one recipient rec	eived more than \$5,	
1 (a) Name and address of organization or government	<b>(b)</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
(1) TO WSON UNIVERSITY 8000 YORK ROAD TO WSON, MD 212520001	52-6002033	501(C)3	728,523				SCHOLARSHIPS ANI AWARDS TO VARIOUS RECIPIENTS
(2) TO WSON UNIVERSITY 8000 YORK ROAD TO WSON, MD 212520001	52-6002033	501(C)3		82,675	FMV	EQUIPMENT	EQUIPMENT FOR USE OF TOWSON UNIVERSITY STUDENTS
(3) TO WSON UNIVERSITY 8000 YORK ROAD TO WSON, MD 212520001	52-6002033	501(C)3	390,129				SEE SCHEDULE O

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS FOR TOWSON UNIVERSITY STUDENTS	45	11,737			SCHOLARSHIPS PAID DIRECTLY TO STUDENTS

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

Identifier Return Reference

**Explanation** 

Schedule I (Form 990) 2010

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DLN: 93493128011872

Schedule L (Form 990 or 990-EZ)

► 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.

**Transactions with Interested Persons** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization TOWSON UNIVERSITY FOUNDATION INC Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction 1 Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)O riginal default? by board or agreement? (d)Balance due organization? purpose principal amount committee? Τо From Yes Yes Yes No No Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Part IV	Business	Transactions	Involvina	Interested	Persons
	D45111055		±111 0 1 0 1 111 19	Tiller Coleca	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	ii aliswered tes oli	roffii 990, Part IV, iii	ie zoa, zob, oi zoc.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
	organization			Yes	No
(1) JOHN HAYDEN	BOARD MEMBER	,	LEGAL SERV - JOHN HAYDEN, BOARD MEMBER, IS EMPLOYED BY WHITEFORD, TAYLOR AND PRESTON LLLP, THE FIRM THAT PROVIDED LEGAL SERVICES TO TOWSON UNIVERSITY FOUNDATION		N o

## Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanat ior

Schedule L (Form 990 or 990-EZ) 2010

## DLN: 93493128011872

# **NonCash Contributions**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of determining of amounts		contribut	tion
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good	ls							
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	10	90,840	MEAN VAL/SH-GIF	TDAT	ΓΕ	
10	Securities—Closely held stock							
11	Securities—Partnership,							
4.7	LLC, or trust interests . Securities—Miscellaneous	<u> </u>						
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—O ther							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Other $\blacktriangleright$ ( EQUIPMENT )	Х	5	13,845	INVOICE W/SALES	PRIC	E	
26	Other ► ( <u>SUPPLIES</u> )	X	126	41 515	FACE VAL/BEST ES	STIMA	TEOI	<del>.</del>
27	Other ►( )		126	41,515	LIKE ITEMS			
28	Other ► ( )							
29	Number of Forms 8283 received b	v the ora	anization during the tay vea	ar for contributions				
	for which the organization complete	-	= -		29			
							Yes	No
30a	During the year, did the organization	n receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years f	rom the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holding p	eriod?			30a		No
b	If "Yes," describe the arrangement	t ın Part I	I					
31	Does the organization have a gift a	cceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use t	hırd partı	es or related organizations	to solicit, process, or sell	non-cash	32a		No
ь	If "Yes," describe in Part II					32a		INU
33		venuesı	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) 2010

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DLN: 93493128011872

OMB No 1545-0047

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Identifier	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

Identifier	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 WE ALSO HAVE AN APPROVED AND OPERATIONAL EXECUTIVE COMPENSATION POLICY

Identifier	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 6,591,292 PRIOR PERIOD ADJUSTMENTS - 1,123,768 CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY 20,906 TOTAL TO FORM 990, PART XI, LINE 5 5,488,430

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

ldentifier	Return Reference	Explanation
GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE US	SCHEDULE I, PART II	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: 93493128011872

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.

2010

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2010

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

OWSON UNIVERSITY FOUNDATION INC			_				52-0939453			
Part I Identification of Disregarded Entities (Con	nplete	ıf the organizatio	n a	answered "Yes"	" on	Form 990, Part	IV, line 33.)			
(a) Name, address, and EIN of disregarded entity		<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)		<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
(1) 7400 YORK ROAD LLC C/O TUF 8000 YORK ROAD TOWSON, MD 21252 26-4059316		RENTAL		MD		904,978	840,425	TOWSON UNIVERSITY FOUNDATION INC		
			$\exists$							
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations durin	nizat g the t	ions (Complete r tax year.)	f ti	he organization	n ans	swered "Yes" o	n Form 990, Part	IV, line 34 becaus	e ıt had	one
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	Le o	<b>(c)</b> egal domicile (state or foreign country)	Exer	(d) mpt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 cont	<b>g)</b> 512(b)(13 rolled nization
			L						Yes	No
(1) TOWSON UNIVERSITY			l							
8000 YORK ROAD  TOWSON, MD 21252 52-6002033	EDUC	CATION		MD		501(C)3	6			No
52 6002033										

Cat No 50135Y

<b>(a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	<b>(j</b> Gener mana partr	al or ging	( <b>k)</b> Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,
Name, address, ar	(a) nd EIN of related organiz	zation	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share of	<b>(f)</b> f total income	Shai end-o	y) re of f-year sets		<b>(h)</b> Percentage ownership
					1	l								

(4)

(5)

(6)

							_
Pa	rt V Transactions With Related Organizations (Complete if the organization answered	"Yes" on Form 990, Pa	art IV, line 34, 35, 3	5A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related o	organizations listed in Par	ts II-IV?				
а	Receipt 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)				1c		No
d	Loans or loan guarantees to or for other organization(s)				1d	Yes	
e	Loans or loan guarantees by other organization(s)				1e		No
f	Sale of assets to other organization(s)				1f		No
g	Purchase of assets from other organization(s)				1g		No
h	Exchange of assets				1h	Yes	
i	Lease of facilities, equipment, or other assets to other organization(s)				1i	Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)				1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)				1k	Yes	
	Performance of services or membership or fundraising solicitations by other organization(s)				11	Yes	
	Sharing of facilities, equipment, mailing lists, or other assets				1m	Yes	
	Sharing of paid employees				1n	Yes	
o	Reimbursement paid to other organization for expenses				10	Yes	
	Reimbursement paid by other organization for expenses				<b>1</b> p		No
•							
q	O ther transfer of cash or property to other organization(s)				1q	Yes	
•	Other transfer of cash or property from other organization(s)				1r		No
							<u> </u>
_	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lir	no including covered rela	tionships and transact	ion throsholds			
		(b)			(d)		
	<b>(a)</b> Name of other organization	Transaction	(c) Amount involved	Method of dete	ermın olved		ount
1) T	OWSON UNIVERSITY	type(a-r)	1 201 227		oivea		
		В	1,201,327	CASH, FMV			
2)							
3)							

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
										+
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# Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanation

Schedule R (Form 990) 2010

#### **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 services

(Code ) (Expenses \$ 986,358 including grants of \$ 472,804 ) (Revenue \$

THE \$986,358 OF OTHER PROGRAM SERVICE EXPENSES RELATE TO EXPENSES THAT SUPPORT THE VARIETY OF PROGRAMS OFFERED BY TOWSON UNIVERSITY FOR THE BENEFIT OF THE STUDENTS, FACULTY AND STAFF OF THE UNIVERSITY ALL EXPENSES SUPPORT THE CORE MISSION OF THE FOUNDATION AND THEREFORE THAT OF THE UNIVERSITY AS WELL THE FOUNDATION EXISTS TO SUPPORT THE UNIVERSITY THROUGH THESE EXPENDITURES