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Form	J	IJ	v	-[•

Department of the Treasury

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to satisfy state ret

OMB No 1545-0052

2010

Int	emal R	Revenue Service NOTE. The Touridat	ion may	be able to use a copy of				rting requirements	
_		ilendar year 2010, or tax year beg			/01 , 2010			 	10/31, 2011
G	Che	eck all that apply Initial retu	rn	Initial return	-	oublic cha	ırıty		_ Fınal return
_		Amended	return	Addre	ss change		N	lame change	
Na	ame o	of foundation						A Employer identifi	cation number
Т	HE	BALTIMORE ORIOLES FOUNT	DATIO	N				52-	6058645
N	ımbe	er and street (or P O box number if mail is n	ot delivere	ed to street address)		Room/si	uite	B Telephone number	(see page 10 of the instructions)
3	33	WEST CAMDEN STREET						(41	.0) 547-6147
Ci	ty or	town, state, and ZIP code						C If exemption applica	ition is
_								pending, check here D 1 Foreign organization	▶ 1
_		'IMORE, MD 21201	. 504	/ · · · / O · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			2 Foreign organiza 85% test, check h	
H	\neg			(c)(3) exempt private to				computation .	▶ ∟
+		Section 4947(a)(1) nonexempt charitable		Other taxable producting method X C		crual		E If private foundation	- I
ı	-	r market value of all assets at end			asn Acc	ruai		under section 507(b)(1)(A), check here . P
		rear (from Part II, col. (c), line \$ 759,700.		other (specify) , column (d) must be or	cash hasis i				in a 60-month termination
		► \$ 759,700. Analysis of Revenue and Expens	<u> </u>		l casii basis)		П	under section 507(b	(d) Disbursements
ľ	art	total of amounts in columns (b), (c), an may not necessarily equal the amount column (a) (see page 11 of the instruc	d (d) s in	(a) Revenue and expenses per books	(b) Net inve		(c) Adjusted net income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach so		615,782					(00011 00010 0111)
	2	if the foundation is not req	uired to						
	3	Interest on savings and temporary cash inve		490		490.			ATCH 1
	4	Dividends and interest from securities							
	-	Gross rents							· · ·
		Net rental income or (loss)							
Revenue		Net gain or (loss) from sale of assets not on Gross sales price for all	line 10						
Š	-	assets on line 6a	l.=0.2\						
2	7	Capital gain net income (from Part IV,	•						
	8	Net short-term capital gain					 		
	9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·							
	ь	Less Cost of goods sold .							
		Gross profit or (loss) (attach schedule)			,				
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11		616,272	[490.			
	13	Compensation of officers, directors, trustees		0					
	14	Other employee salaries and wages .							
nses	15	Pension plans, employee benefits				_			
Expe	16ai 		• • • •				 		
iii o	þ	1 (6)			ļ		\vdash		
Ĕ	ء ا ۔ . ا	Sther professional fees (attach schedu	ie)		<u> </u>				
tra	17	Tinterest 13 2012	* * *	2,163	<u> </u>				
ij	18	Taxes (attach-schedule) (see page 14 of the ins		27203	<u> </u>				
Ξ	19	Depreciation lattack, schedule) and de	epletion.					<u> </u>	· · · · · · · · · · · · · · · · · · ·
and Administrative	20	Occupancy	• • • •		 				
P	21	Travel, conferences, and meetings		7,695					
g	22	Printing and publications ATI		180,976					180,976
흝	23	Other expenses (attach schedule) AT		100,370	1				100/370
era	24	Total operating and administrative ex		190,834					180,976
Operating		Add lines 13 through 23		357,900	1		 		357,900
_	25	Contributions, gifts, grants paid		E40 734	1				538,876
_	26	Total expenses and disbursements Add lines 2	24 and 25	370,134					330,076
	27	Subtract line 26 from line 12		67,538		-	-		
		Excess of revenue over expenses and disbursem		67,538		400	_		
		Net investment income (if negative, e				490.	1		
		Adjusted not income (if negative enter	r -0-1	i .	1		i	0.	d .

For Paperwork Reduction Act Notice, see page 30 of the instructions. $^{0E14\,10\,1\,000}$ JX8589 2235 V

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JSA ** ATCH 2

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Form 990-PF (2010)

PAGE 1



ru	1111 990	-PF (2010)			0030043		raye Z
P	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		nd of	
Ξ		<u></u>	amounts only (See instructions)	(a) Book Value	(b) Book Value	\rightarrow	(c) Fair Market Value
	1		ing	292,739.			
	2		cash investments	139,860.	140,3	51.	140,351
	3	Accounts receivable >				-	
ĺ		Less allowance for dou	btful accounts ▶				
1	4	Pledges receivable ▶_				- 1	
			btful accounts ▶				
	5	Grants receivable					
	6		officers, directors, trustees, and other				
		disqualified persons (atta	ach schedule) (see page 15 of the instructions)				
	7	Other notes and loans	receivable (attach schedule)				
	-		btful accounts ▶		"		· ·
	8		se			$\neg \uparrow$	
ssets	9		leferred charges			一	
SSI	_	*	te government obligations (attach schedule)			- 1	
4			e stock (attach schedule)				
	!		1			-	
	11	Investments - land, building	e bonds (attach schedule)				
		and equipment basis	ation	-		ı	
		(attach schedule)				-	
		Investments - mortgage	loans	9,024.	9,31		9,388
	13 14	Investments - other (atta Land, buildings, and	ach schedule) ATCH 4	7,024.	7,30		7,300
	' 7	equipment basis Less accumulated deprecia					
		(attach schedule)					
	15	Other assets (describe)				
	16		completed by all filers - see the				
		instructions Also, see p	page 1, item I)	441,623.	759,70	00.	759,700
	17	Accounts payable and a	accrued expenses				*
	18	Grants payable		·			THE PROPERTY OF
S	19						
Ĭ	20		ors, trustees, and other disqualified persons				沙湖水水 动腹线 注:
Liabilities	21	Mortgages and other no	otes payable (attach schedule)				· · · · · · · · · · · · · · · · · · ·
Ξ	22		e ▶)[
		·					
	23	Total liabilities (add line	es 17 through 22)			-	
_			low SFAS 117, check here ▶ X				
			24 through 26 and lines 30 and 31.				
ŝ	24		.	441,623.	759,7	00.	
alances	25						
ala		• •					
8	26	· · · · · · · · · · · · · · · · · · ·					
or Fund			not follow SFAS 117, uplete lines 27 through 31.			1	1
Ē	2.7		- — I			- 1	•
	1		cipal, or current funds			\dashv	
Net Assets	28		r land, bldg and equipment fund				
Asi	29	~ .	ulated income, endowment, or other funds				
et	30		fund balances (see page 17 of the	441 622	759,7	ا ۵۰	•
Z	١		· · · · · <u>· · · · · · · · · · · · · · </u>	441,623.	759,71	99.	•
	31		et assets/fund balances (see page 17	441 602	750 7	ا م	
-				441,623.	759,7	00.	
			anges in Net Assets or Fund I				
1			palances at beginning of year - Part		, ,		
			d on prior year's return)			1	441,623
2	Ente	er amount from Part I,	line 27a		L	2	67,538
3	Othe	er increases not includ	line 27a led in line 2 (itemize) ▶ATTACH	MENT 5	L	3	250,539
4	Add	lines 1, 2, and 3			[4	759,700
						5	
6	Tota	I net assets or fund be	alances at end of year (line 4 minus l	ine 5) - Part II, column (b), line 30	6	759,700

P	art IV Capital Gains	and Losses for Tax on Inve	estment Income			
		d describe the kind(s) of property sold (o		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a						
b)					
d						
_e	<u> </u>				L	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_a	l					
<u>_b</u>)			_		
					 	
_d				 		
_е			10/04/00		-	
_	Complete only for assets	showing gain in column (h) and owner			Gains (Col (h) g	
_	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col (k), but not less than -0-) or Losses (from col (h))		
_a					···· ·	
_ <u>b</u>)			 		
				 	·· - ···-	
				 		
<u>e</u>		, IE	gain, also enter in Part I, line 7	 		
	Capital gain net income or	r (net capital loss)	(loss), enter -0- in Part I, line 7	2		
3		n or (loss) as defined in sections 12				
		, line 8, column (c) (see pages 13				
		Under Section 4940(e) for Rec		3		
					· · · · · · · · · · · · · · · · · · ·	•
(٢	or optional use by domesti	c private foundations subject to the	e section 4540(a) tax on het invest	ment inco	ine)	
If (section 4940(d)(2) applies,	leave this nart blank				
" '	scotton 4040(d)(z) applico,	, loave the part blank				
		the section 4942 tax on the distrib not qualify under section 4940(e)		ase peno	d?	Yes X No
1		ount in each column for each year		efore mak	ing any entries	
÷	(a)	(b)	(c)	1	(d)	2.50
,	Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
_	2009	572,160.	368,727.		````	1.551717
_	2008	756,304.	583,048.			1.297156
_	2007	555,683.	1,052,963.			0.527733
_	2006	141,037.	929,497.			0.151735
	2005	28,015.	610,758.			0.045869
_						
2	Total of line 1, column (d)		2		3.574210
3	Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
	number of years the foun	idation has been in existence if less	s than 5 years	3		0.714842
4	Enter the net value of no	ncharitable-use assets for 2010 fro	m Part X, line 5	4		657,097.
5	Multiply line 4 by line 3			5		469,721.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		5.
7	Add lines 5 and 6			7		469,726.
8	Enter qualifying distribution	ons from Part XII, line 4	<u>.</u>	8		538,876.
	If line 8 is equal to or gi		in Part VI, line 1b, and complete t	tnat part	using a 1% ta	x rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of	the ins	tructi	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u>5.</u>
	here X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			5.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			5.
6	Credits/Payments			i i
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a			ļ
b	Exempt foreign organizations-tax withheld at source			1
С	Tax paid with application for extension of time to file (Form 8868) 6c 5 .			4
d	, , , , , , , , , , , , , , , , , , ,			
7	Total credits and payments Add lines 6a through 6d			<u> 5.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			т—
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	ļ	Yes	No ***
	participate or intervene in any political campaign?	. <u>1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1		,,
	of the instructions for definition)?	. 1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	. 1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			ŀ
	(1) On the foundation >\$(2) On foundation managers >\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			į .
	on foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	· 2		X
	If "Yes," attach a detailed description of the activities	'		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			- x
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			x
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	1		├ ^
b	If "Yes," has it filed a tax return on Form 990-T for this year?	. 4b		x
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	·		 ^
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			'
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		x -	
-	conflict with the state law remain in the governing instrument?	· 6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	· ′		
ъa	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
L	instructions) ► MD If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	-		-
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation	. 8b	x	-
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	.	- -	t^-
3	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page		-	1
	27)? If "Yes," complete Part XIV	. 9		x
4.0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	\ <u> </u>		
10	names and addresses	. 10		х
		Form 01	O DE	40040

Pa	t VII-A Statements Regarding Activities (continued)		-	rage o
11				Ĭ
• •		11		х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before		-	_
		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		Х	
14	The books are in care of ROBERT AMES Telephone no (410) 68	35-9	800	
• •	Website address ► N/A The books are in care of ► ROBERT AMES Located at ►333 WEST CAMDEN ST, BALTIMORE Telephone no ► (410) 68 ZIP+4 ► 21201-6	5000		
15			•	\Box
	and enter the amount of tax-exempt interest received or accrued during the year		-	
16			Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter			
	the name of the foreign country.			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after		,	
	termination of government service, if terminating within 90 days) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			x
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			x
_	were not corrected before the first day of the tax year beginning in 2010?	1 c	 	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?			
	If "Yes," list the years			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
~	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see page 22 of the instructions)	2b		-
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year? Yes X No			:
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2010)	3 b	ļ	<u> </u>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	L	X

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

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If no	ne, enter "NONE
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
	•
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 _NONE	
2	
All other program-related investments. See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3	

52-6058645 Page 8

Pa	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundat	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	9,373.
b	Average of monthly cash balances	1b	657,731.
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1d	667,104.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	·	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Culpirant line 2 from line 1 d	3	667,104.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
		4	10,007.
5	the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	657,097.
6	Minimum investment return. Enter 5% of line 5	6	32,855.
Pa	Treat XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ □ and do not complete this privation is the following of the instruction of		
1	Minimum investment return from Part X, line 6	1	32,855.
2 a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	5.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	32,850.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	32,850.
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1 · · · · · · · · · · · · · · · · · ·	7	32,850.
_		<u> </u>	
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	538,876.
b		1b	0.
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
_		2	0.
3	purposes Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	538,876.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	-	230,070.
•	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	5.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	538,871.
0	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when call	ــــــــــــــــــــــــــــــــــــــ	
	qualifies for the section 4940(e) reduction of tax in those years	culating Wil	emer me roundadon

Form 990-PF (2010)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				32,850.
2	Undistributed income, if any, as of the end of 2010				
а	Enter amount for 2009 only			0.	
b	Total for pnor years 20 08 ,20 07 ,20 06		0.		
3	Excess distributions carryover, if any, to 2010				
а	From 2005				
b	From 2006 94,637.				!
	From 2007 503,079.				
d	From 2008				
е	From 2009 553,731.				1
f	Total of lines 3a through e	1,878,624.			
4	Qualifying distributions for 2010 from Part XII,				
	line 4 ▶ \$538,876.	·		_	
а	Applied to 2009, but not more than line 2a			0.	
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				
d	Applied to 2010 distributable amount				32,850.
e	Remaining amount distributed out of corpus	506,026.			
5	Excess distributions carryover applied to 2010				
	(If an amount appears in column (d), the same amount must be shown in column (a))				ı
6	Enter the net total of each column as				
	indicated below:	2 204 650			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,384,650.			\ \
b	Pnor years' undistributed income Subtract		o.		
_	line 4b from line 2b Enter the amount of prior years' undistributed		· · · · · · · · · · · · · · · · · · ·		<u> </u>
·	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				,
	been previously assessed				
d	Subtract line 6c from line 6b Taxable		0.		
e	amount - see page 27 of the instructions Undistributed income for 2009 Subtract line				
	4a from line 2a Taxable amount - see page			0.	ı
	27 of the instructions				
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2011				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2005 not				
	applied on line 5 or line 7 (see page 27 of the instructions)	0.			
9	Excess distributions carryover to 2011.				
-	Subtract lines 7 and 8 from line 6a	2,384,650.			
10	Analysis of line 9				;
	Excess from 2006 94,637.				
b	Excess from 2007 503,079.				
С	Excess from 2008 727,177.				
d	Excess from 2009 553,731.				
	Excess from 2010 506,026.				

Da	rt XIV Private Oper	estina Completions	/222 222 27 of the	metalletians and De	at VIII A avva atvam OV	NOT ADDITOR
		rating Foundations				NOT APPLICABL
1 a	If the foundation has				ating	
	foundation, and the ruling				. PL	
þ	Check box to indicate wh		private operating found		4942(j)(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part					
•	XII, line 4 for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
е						
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					<u> </u>
	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying		· · · · · · - · · -			
	under section					
h	4942(j)(3)(B)(i)					
D	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed				ļ <u>.</u>	
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income			•	1	
	(interest, dividends rents					
	payments on securities loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt					
	organization (4) Gross investment income				·	<u> </u>
Pa		ary Information (C	omplete this part	only if the found	ation had \$5.000	or more in assets
		during the year - see			,,,,,,,,	
1	Information Regarding					
а	List any managers of	•		e than 2% of the tota	contributions receive	ed by the foundation
-	before the close of any					
	N/A					
_	·	the foundation who	nun 100/ ar mara ai	the steel of a corre	setion (or an agreelle	large parties of the
b	List any managers of ownership of a partner					large portion of the
	Ownership of a partite	Simple of other chargy of	William the roomantor	rnas a row or greater	merest	
	N/A					
2	Information Regardin	a Contribution Grant	Gift Loan Scholars	nin etc Programs:		
_		=				
	Check here ▶ if t	he foundation only r	nakes contributions	to preselected charit	table organizations a	nd does not accept
	unsolicited requests f				28 of the instruction	ins) to individuals or
	 	<u></u>		· · · · · · · · · · · · · · · · · · ·		
а	The name, address, a	nd telephone number	of the person to whor	n applications should b	e addressed	
	N/A				· · · · · · · · · · · · · · · · · · ·	
b	The form in which app	lications should be sul	omitted and information	on and materials they	should include	
	WRITTEN RE	QUESTS ONLY	·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·			
С	Any submission deadli	nes			-	
	NONE					-
d	Any restrictions or li	mitations on awards.	such as by geogra	aphical areas, charita	ble fields, kinds of	institutions, or other
_	factors		, 59	. ,	,	, -, -, -, -, -, -, -, -, -, -, -, -, -,
	NONE					

52-6058645

Part XV Supplementary Information (continued)									
3 Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount					
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount					
a Paid during the year									
a valuation year									
ATTACHMENT 7									
ATTACHMENT /									
		ļ							
			}						
			 						
				!					
Total	 		▶ 3a	357,900.					
b Approved for future payment									
		•							
	<u> </u>	L	<u></u>						
Total			▶ 3b						

Part XVI-	 A Analysis of Income-Produ 	icing Activ	/ities			······································
	amounts unless otherwise indicated		ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
a						
b						
c			,			
d						
е						
f						
-	and contracts from government agencies		 	ļ		
2 Member:	ship dues and assessments					
	n savings and temporary cash investments			14	490.	
	ds and interest from securities					
	al income or (loss) from real estate					
a Debt-	-financed property			-		
	debt-financed property					
	I income or (loss) from personal property				•	
	vestment income					
	oss) from sales of assets other than inventory					
	me or (loss) from special events	 		+		
•	rofit or (loss) from sales of inventory					
	venue a	<u> </u>				
		 	- "			
			-			
d	-					
e	Add ashirasa (b) (d) and (s)		· · · · · · · · · · · · · · · · · · ·		490.	
	Add columns (b), (d), and (e)					
	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 29					
	B Relationship of Activities			xempt Purc	oses	
Line No. ▼	Explain below how each activit accomplishment of the foundations tructions)					
						
						
			·····			
		-				
·						
					· · · · · · · · · · · · · · · · · · ·	
		 	-			
	•					

Part	XVII	Information Exempt Orga	Regarding Tra	ansfers To and Tr	ansact	ions a	nd Relat	ionship	s With	Nonc	harit	able
		e organization directl	ly or indirectly er	gage in any of the f			-	-			Yes	No
	n sect Irganiza		ode (other than s	section 501(c)(3) organi	zations) (or in se	ection 527,	relating to	o political			:
	_		oundation to a none	charitable exempt organiza	tion of)
										1a(1)		X
										1a(2)		X
		ansactions	h									لۍ .
				anization								X
				mpt organization							-	$\frac{x}{x}$
												Х
												Х
				ndraising solicitations								Х
				r assets, or paid employee:								X
				s," complete the follow								
				s given by the report								
(a) Line		n any transaction or (b) Amount involved		nent, show in column charitable exempt organization			of the good option of trans					
(=, =	-	N/A	(e) rraine er nen	onantable exempt organization		N/A	priori or trains	iers, transact	iona, and sne	uniy ama	igemen	15
			,									
	-											
		•									<u>-</u>	

					1							
2 - 10		foundation directly	an indicable office		40							
		•	•	ated with, or related a section 501(c)(3)) or in s						П _у	s X	No
		complete the following		r section of recycles, or in a	3600001 32	.,		• • • • •			s <u></u>	3 140
		(a) Name of organization		(b) Type of organiza	ition			(c) Descripti	on of relation	ship		
											_	
												
	Under	penalties of periury. I de	eclare that I have exa	mined this return, including a	accompany	ına sched	ules and state	ments and	to the best	of my kr	owledo	ne and
Sign	belief,	it is true, correct, and con	nplete. Declaration of p	reparer (other than taxpayer	or fiduciary) is trased	on all informat	ion of which	preparer has	any kno	wledge	
Here		Diorxia	I What	les	9/7	1/12_		Secret	ary /tr	easur	rer	
	Sı	gnature of officer or truste	e //		Date	/		tle	7'			
		Print/Type preparer's	name U	Preparer's signature		-	Date			PTIN		
Paid		Lında Lee		- the ser			9/4/12					
Prepa	arer		OMC TIP	I VANGE	<u>-</u>				-employed			4
Use C		Firm's name KP Firm's address 16	MG LLP	TONAL DETUE				Firm's EIN	▶13-5	5652	07	
		,	LEAN, VA	TOWN DELVE		221	02	Phone no	703-2	86-86	000	
				· · · · · · · · · · · · · · · · · · ·		221		Phone no		om 99		2010)
									•	J 991	\	0)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization		Employer identification number				
THE BALTIMORE ORIOLI	ES FOUNDATION	52-6058645				
Organization type (check one))					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private	e foundation				
527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private for	undation				
	501(c)(3) taxable private foundation					
nstructions General Rule						
General Rule						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5, one contributor. Complete Parts I and II	000 or more (in money or				
Special Rules	·					
sections 509(a)(1) a	(3) organization filing Form 990 or 990-EZ that met the 331/3% suppoint 170(b)(1)(A)(vi), and received from any one contributor, during the 0 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form	year, a contribution of the				
the year, aggregate	(7), (8), or (10) organization filing Form 990 or 990-EZ that received for contributions of more than \$1,000 for use <i>exclusively</i> for religious, chases, or the prevention of cruelty to children or animals. Complete Parts I,	ritable, scientific, literary, or				
the year, contribution aggregate to more to year for an exclusive applies to this organization.	(7), (8), or (10) organization filing Form 990 or 990-EZ that received fins for use <i>exclusively</i> for religious, charitable, etc., purposes, but these than \$1,000. If this box is checked, enter here the total contributions the hy religious, charitable, etc., purpose. Do not complete any of the parts nization because it received nonexclusively religious, charitable, etc., contributions.	e contributions did not nat were received during the unless the General Rule ontributions of \$5,000 or more				
Caution. An organization that 990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not to at answer "No" on Part IV, line 2 of its Form 990, or check the box on licertify that it does not meet the filing requirements of Schedule B (Form	file Schedule B (Form 990, ine H of its Form 990-EZ, or on				
F - D A - A Novice	e, see the Instructions for Form 990, 990-EZ, or 990-PF. Sche	dule B (Form 990, 990-EZ, or 990-PF) (2010				

Schedule B (Politi 990, 990-EZ, 01 990-FF) (2010)	Page of of Pa
	Employer identification number
	52-6058645

Part I	Contributors (see instructions)		···
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	RBI PROGRAM 333 W CAMDEN STREET BALTIMORE, MD 21201	\$23,599.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2_	ORIOLES REACH 333 W CAMDEN STREET BALTIMORE, MD 21201	\$86,892.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3 _	CONTRIBUTIONS < 5000	\$44,323.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 4	MILITARY PROGRAM 333 W CAMDEN STREET BALTIMORE, MD 21201	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5 -	BRIAN ROBERTS 333 W CAMDEN STREET BALTIMORE, MD 21201	\$66,667.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6_	NICHOLAS MARKAKIS 333 W CAMDEN STREET BALTIMORE, MD 21201	\$108,333.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

	3 (Form 990, 990-EZ, or 990-PF) (2010)		Page of of Part
Name of or	ganization THE BALTIMORE ORIOLES FOUNDATION		Employer identification number 52-6058645
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	MICHAEL GONZALEZ 333 W CAMDEN STREET BALTIMORE, MD 21201	\$20,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8 _	TY WIGGINTON 333 W CAMDEN STREET BALTIMORE, MD 21201	\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
- - -	KEVIN MILLWOOD 333 W CAMDEN STREET BALTIMORE, MD 21201	\$50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 10 _	CESAR IZTURIS 333 W CAMDEN STREET BALTIMORE, MD 21201	\$8,333.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	ARAMARK 3100 SWAN DR BALTIMORE, MD 21217	\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	PLAYERS ALUMNI AUCTION 333 W CAMDEN STREET	\$ 25,613.	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

(Complete Part II if there is a noncash contribution)

			52 0050015
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 13 _	FAN APPRECIATION AUCTION 333 W CAMDEN STREET BALTIMORE, MD 21201	\$ <u>20,548.</u> 	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 14	FANFEST MERCHANDISE/AUTOGRAPHS 333 W CAMDEN STREET BALTIMORE, MD 21201	\$99,324. 	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 15 _	BIRDLAND GOLF CLASSIC 333 W CAMDEN STREET BALTIMORE, MD 21201	\$ <u>27,150</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

INVESTMENTS
CASH
REST ON TEMPORARY CASH]
NO
INTEREST
ı
Н
PART :
990PF,
FORM

NET INVESTMENT INCOME	490.	490.
REVENUE AND EXPENSES PER BOOKS	490.	490.
	£	TOTAL
NO	K OF MARYLAND INTEREST	
DESCRIPTION	HARBOR BANK OF MA	

V 10-8.3

ATTACHMENT 1

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

EXPENSES PER BOOKS

MARYLAND SALES TAX

2,163.

TOTALS

2,163.

ATTACHMENT 3

FORM 990PF, PART I - OTHER EXPENSES

REVENUE

AND	EXPENSES	PER BOOKS	200.	504.	75.	29,579.	112,694.	5,000.	3,845.	27,079.	2,000.	180,976.
		DESCRIPTION	ANNUAL REGISTRATION FEE	DAILY CAMDEN PROJECT	BANK FEES	PROGRAM EXPENSES - RBI PROGRAM	PROGRAM EXPENSES - ORIOLES REA	PROGRAM EXPENSES - MILITARY PR	PROGRAM EXPENSES - FANFEST	PROGRAM EXPENSES - BIRDLAND GO	CIRCUS SARASOTA	TOTALS

CHARITABLE PURPOSES 200	504 75	29,579	,00	27,079
-------------------------	-----------	--------	-----	--------

180,976.

ATTACHMENT 4

INVESTMENTS	
- OTHER	
1	
H	
PART	
990PE,	
FORM	

ENDING BOOK VALUE	9,388.
BEGINNING BOOK VALUE	9,024.
DESCRIPTION	US SAVINGS BOND

9,388.

9,388.

9,024.

TOTALS

9,388.

ENDING FMV

364.

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

<u>DESCRIPTION</u> <u>AMOUNT</u>

OTHER INCREASE (UNREALIZED GAIN ON INV)

OUTSTANDING CHECKS AT 12/31/2011 250,175.

TOTAL 250,539.

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

EXPENSE ACCT AND OTHER ALLOWANCES	.0	Ö	O	Ö	.0	0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	.0	.0	.0	0.
COMPENSATION	.0				.0	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR .10	DIRECTOR 1.00	DIRECTOR .10	DIRECTOR .10	DIRECTOR .10	GRAND TOTALS
NAME AND ADDRESS	PETER G. ANGELOS 100 N. CHARLES STREET 22ND FLOOR BALTIMORE, MD 21201	GEORGIA K. ANGELOS 333 WEST CAMDEN STREET BALTIMORE, MD 21201	JOSEPH E. FOSS 333 WEST CAMDEN STREET BALTIMORE, MD 21201	JOHN P. ANGELOS 333 WEST CAMDEN STREET BALTIMORE, MD 21201	LOUIS F. ANGELOS 100 N. CHARLES STREET BALTIMORE, MD 21201	

V 10-8.3

FURPOSE OF GRANT OR CONTRIBUTION	HEALTHCARE GRANT	YOUTH OUTREACH GRANT	COMMUNITY YOUTH GRANT	COMMUNITY YOUTH GRANT	COMMUNITY IMPROVEMENT	CHILDHOOD SUPPORT
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE EXEMPT	NONE	NONE EXEMPT	NONE EXEMPT	NONE EXEMPT	NONE EXEMPT
RECIPIENT NAME AND ADDRESS	KENNEDY KRIEGER INSTITUTE 707 NORTH BROADWAY BALTIMORE, MD 21205	JEFFERSON COUNTY OUTREACH FOR YOUTH BALTIMORE, MARYLAND	BALTIMORE COMMUNITY FOUNDATION 2 EAST READ STREET 9TH FLOOR BALTIMORE, MD 21202	BIG BROTHERS, BIG SISTERS 3600 CLIPPER MILL ROAD, SUITE 250 BALTIMORE, MD 21211	WESTPORT NEIGHBORHOOD ASSOCIATION WESTPORT WATERFRONT 1700 BEASON STREET BALTIMORE, MD 21230	SARASOTA OPEN 1343 MAIN STREET SUITE 204

2,500.

1,000.

50,000.

10,000.

AMOUNT

5,000.

400.

V 10-8.3

521393

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

-	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
	AND
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT
PRESERVATION MARYLAND	NONE
24 WEST SARATOGA STREET	EXEMPT
BALTIMORE, MD 21201	
-	
HABITAT FOR HUMANITY OF THE CHESAPEAKE	NONE
3741 COMMERCE DRIVE #309	EXEMPT
BALTIMORE, MD 21227	

2,000.

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

ENVIRONMENTAL GRANT

ATTACHMENT 7 (CONT'D)

1,000.

HOUSING GRANT

THE JACKIE ROBINSON FOUNDATION	NONE	TUITION SCHOLARSHIPS	15,000.
ONE HUDSON SQUARE, 75 VARICK STREET	EXEMPT		
2ND FLOOR			
NEW YORK, NY 10013			
MILWAUKEE CHILDRENS HOSPITAL	NONE	HEALTHCARE GRANT	10,000.
9000 WEST WISCONSIN AVENUE	EXEMPT		
MILWAUKEE, WI 53226			

TEMPLE COLLEGE BASEBALL	NONE	DONATION TO UNIVERSITY AFHLETIC PROGRAM	1,000.
1801 N. BROAD STREET	EXEMPT		
PHILADELPHIA, PA 19122			
MARYLAND FOOD BANK	NONE	PROVIDE FOOD FOR THE NEEDY	10,000.

EXEMPT

2200 HALETHORPE FARMS ROAD

HALETHORPE, MD 21227

FOUNDATION
RIOL
ALTIMOR
×

52-6058645

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

CAL RIPKEN SR. FOUNDATION 1427 CLARKVIEW ROAD

BALTIMORE, MD 21209

SUITE 100

RECIPIENT NAME AND ADDRESS

EXEMPT NONE

YOUTH ACTIVITY GRANT

250,000.

AMOUNT

ATTACHMENT 7 (CONT'D)

TOTAL CONTRIBUTIONS PAID

357,900.

ATTACHMENT 7

v 10-8.3

JX8589 2235

521393

PAGE 26

Form **8868**

(Rev January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Internal Revenue	e Service File a	separate ap	prication for each return.					_
	filing for an Automatic 3-Month Extension, c						▶ X	
•	filing for an Additional (Not Automatic) 3-Mo plete Part II unlessou have already been gran			,		3868		
	iling (e-file) You can electronically file Form						6 months fo	r
	required to file Form 990-T), or an addition							
	juest an extension of time to file any of the							
Return for	Transfers Associated With Certain Persona	l Benefit	Contracts, which must	t be sent to the IRS	in p	aper	format (see	
instructions)	For more details on the electronic filing of the	ns form, vi	sit www.irs.gov/efile_an	d click on e-file for Char	ities	& No	nprofits	
Part I Au	tomatic 3-Month Extension of Time. Or	ily submit	original (no copies no	eeded)				_
•	n required to file Form 990-T and requesting ar			·				1
Part I only .							▶ 🗀	J
All other corp	porations (including 1120-C filers), partnerships	s, REMICs,	and trusts must use For	rm 7004 to request an ex	tens	ion of	f tıme	
to file income	· · · · · · · · · · · · · · · · · · ·			Enter filer's identifyir				5
Type or	Name of exempt organization or other filer, see ins	tructions		Employer identificat	ion n	umber	r (EIN) or	
print								
File by the	THE BALTIMORE ORIOLES FOUNDAT			X 52-605864				_
due date for	Number, street, and room or suite no. If a P.O. box	, see instruc	tions	Social security num	ber (SSN)		
filing your return See	333 WEST CAMDEN STREET City, town or post office, state, and ZIP code For a	facores add						_
instructions	1 1	i ioreign add	ress, see instructions					
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Enter the Re	turn code for the return that this application is f	or (file a se	eparate application for ea	ach return)	• •		. [0 4	I
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Form 990-BI		02	Form 1041-A	011)			08	-
Form 990-E2		01	Form 4720				09	-
Form 990-PF		04	Form 5227				10	-
	(sec 401(a) or 408(a) trust)	05	Form 6069				11	-
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Caution. If	you are going to make an electronic fund	withdrawal	with this Form 8868,	see Form 8453-EO a	nd F	om	8879-EO fo	r
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Name of exempt organization or other filer, see instructions. Enter filer's identifying number, see instructions. Employer identification number (EIN) or Type or	Form 8868	(Rev. 1-2012)					Page 2
Part II Additional (Not Automatic) 3-Month Extension, complete only Part II, on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions. Employer resultification number (EIN) or THE BALTIMORE ORIGIDES FOUNDATION THE BALTIMORE ORIGIDES FOUNDATION THE BALTIMORE ORIGIDES FOUNDATION THE BALTIMORE, MD 21201 Enter the Return code for the return that this application is for (file a separate application for each return). Return Application Return Application Return Application Return Application Return Application Form 990 D1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			th Extensi	on, complete only Part II	and check this	box	, ▶ X
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