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### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

Open to Public

Intern	al Rever	nue Servic	e	▶ The organization may have to use a copy of this return to satisfy state re	porting requirements.	Inspection		
A F	or the	e 2011	calen	dar year, or tax year beginning , 2011, and ending		, 20		
_		I	C Name	e of organization	D Employer identification	on number		
B Check if appl		olicable	VEN	52-1283255				
	Addres			Business As		1		
$\vdash$	change	change		per and street (or P.O box if mail is not delivered to street address)  Room/suite	E Telephone number			
$\vdash$	Install	1	750	DE. PRATT STREET 900	(410) 244-740	ın		
$\vdash$	┪	<b>⊢</b>		or town, state or country, and ZIP + 4	(410) 244 /40			
$\vdash$	Amena		-		C C	2 150 640		
-	return	L		LTIMORE, MD 21202	G Gross receipts \$ H(a) Is this a group return for	2,150,640.		
	Applica			me and address of principal officer BENJAMIN CIVILETTI	affiliates?			
			750	DE. PRATT STREET, SUITE 900 BALTIMORE, MD 21202	H(b) Are all affiliates included			
<u></u>	Tax-ex	empt stat	tus	X 501(c)(3) 501(c)( ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a list. (see	e instructions)		
J	Websi	te: 🕨 🕻	/ENA	BLE.COM/SOCIALRESPONSIBILITY/FOUNDATION	H(c) Group exemption number	er 🕨		
K	Form o	f organiz	ation	X Corporation Trust Association Other ▶ L Year of fo	ormation 1983 M State of I	egal domicile MD		
Pa	rt I	Sum	mary					
		Впепу	describ	e the organization's mission or most significant activities				
				DATION SUPPORTS A WIDE RANGE OF CIVIC, CULTURAL AN	D CHARITABLE			
8				S AS WELL AS PUBLIC INTEREST LAW AND LEGAL EDUCATI				
ā				FOCUS ON LEGAL ASSISTANCE AND LEGAL EDUCATION PROG				
Activities & Governance	2			x ▶ If the organization discontinued its operations or disposed of more than 25				
ŝ	_				ابا	3.		
<b>م</b>	3			ting members of the governing body (Part VI, line 1a)				
ţį				lependent voting members of the governing body (Part VI, line 1b)		0		
₹	5	Total nu	umber	of individuals employed in calendar year 2011 (Part V, line 2a)		0		
¥	6			of volunteers (estimate if necessary)				
	7a	Total ur	nrelate	d business revenue from Part VIII, column (C), line 12		0		
	<u>b</u>	Net unr	elated	business taxable income from Form 990-T, line 34		0		
					Prior Year	Current Year		
	8	Contrib	utions	and grants (Part VIII, line 1h)	2,163,000.	2,147,000.		
Revenue				ice revenue (Part VIII, line 2g)	0	0		
8				come (Part VIII, column (A), lines 3, 4, and 7d)	559.	640.		
ď				e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	3,000.		
	12			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,163,559.	2,150,640.		
_	13		•	milar amounts paid (Part IX, column (A), lines 1-3)	2,122,301.	2,162,899.		
	14				0	2,102,033.		
	1		-	to or for members (Part IX, column (A), line 4)				
98	15			r compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0		
Expenses	1			undraising fees (Part IX, colum <del>n (A), line 11s)</del>	——— <del>—</del>			
ă				ing expenses (Part iX, column (D), line 🗱 🗲 📈 🗐 📗0		<del></del>		
_	17	Other e	xpens	es (Part IX, column (A), lines 11a-1 <del>1d; 11f-24e)</del>	290.	0		
	18	Total ex	kpense	es Add lines 13-17 (must equal eatt IX, column (A), line 25),	2,122,591.	2,162,899.		
		Revenu	ie less	expenses Subtract line 18 from tine 12	40,968.	-12,259.		
Net Assets or Fund Balances				L	Beginning of Current Year	End of Year		
sets	20	Total as	ssets (	Part X, line 16)	233,473.	221,214.		
A B	21	Total lia	bilites	(Part X, line 26)	o	0		
žŞ	22	Net ass	ets or	fund balances Subtract line 21 from line 20	233,473.	221,214.		
_	rt II	Sigi	nature	Block				
		alties of	религу.	I declare that I have examined this return, including accompanying schedules and statements, a	and to the best of my knowledge	and belief, it is true.		
				claration of preparer (other than officer) is based on all information, of which preparer has any kn				
		١.	_		1.1141	1,2		
Sig	n	🕨 5	Sionatur	e of officer	Date	1/20/2		
Hei		[		r or green	11/11	1/2015		
		▎▶▗	<u> </u>	OBERT L WALDMAN	////	72072		
		<b>7</b> T	,,	print name and title				
Paid		Print/Ty	/be buel	parer's name Preparer's signative 10/30/2	2012 Check If PTIN	N P00097436		
				un month	self-employed			
•	Only	Firm's r	name	▶ PRICEWATERHOUSECOOPERS LLP	Firm's EIN ▶ 13-40	08324		
USB	Only	$\overline{}$	_	▶ 100 E. PRATT STREET BALTIMORE, D 21202-1096		83-7600		
May	the IF		_	return with the preparer shown above? (see instructions)		Yes X No		

For Paperwork Reduction Act Notice, see the separate instructions. JSA 1E1010 1 000

## VENABLE FOUNDATION, INC.

	Bnefly describe the organization's mission:
	ATTACHMENT 1
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X
	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
a	(Code) (Expenses\$including grants of \$) (Revenue \$) THE FOUNDATION WAS ORGANIZED AS A PUBLIC CHARITY
	EXCLUSIVELY FOR CHARITABLE PURPOSES. THE FOUNDATION
	PROVIDES SUPPORT TO VARIOUS TAX-EXEMPT ORGANIZATIONS
	WHO FOSTER AND PROMOTE CHARITABLE, RELIGIOUS, SCIENTIFIC, OR EDUCATIONAL SERVICES TO THE GENERAL PUBLIC.
	OR EDUCATIONAL SERVICES TO THE GENERAL PUBLIC.
b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
Đ A	Total program service expenses ▶ 2,162,899.
1	Form <b>990</b> (3 TQ5147 2536 V 11-4.5 VENABLE
	- F1-1.0 ADMUDDE

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Part	Checklist of Required Schedules		V	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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 for which 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			ļ
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	, in white the	X %2**18:7
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	37		2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
	VII, VIII, IX, or X as applicable.	建設的		ME [ W. S ]
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—othersecurities 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	<u></u>	Х
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ŀ		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		X
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	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del>                                     </del>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<b> </b>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	⊢	X
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 United States? If "Yes," complete Schedule F, Parts III and IV	16	₩-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	1		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<b> </b>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	<u>  x</u>
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	<del>                                     </del>	X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

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Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			İ
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ĺ
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		х
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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Ιx
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<del></del>		<u> </u>
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1		
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		<del></del> -
D		28b		x
_	Schedule L, Part IV	200		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	23		<del>                                     </del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
	conservation contributions? If "Yes," complete Schedule M	30	<del> </del>	<b>├</b> ^
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		х
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32	l	x
	complete Schedule N, Part II	32		<del>  ^-</del>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<del>  ^-</del> -
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	24	x	
	IV, and V, line 1	34	<b>├</b> ^	x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	┝
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			l .
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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	-	X
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	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O		X	(2011)
				· 70144\

		283255		Page
om 990 (2 Part V	Statements Regarding Other IRS Filings and Tax Compliance			Page
	Check if Schedule O contains a response to any question in this Part V		Yes	<u> </u>
1a Ent	er the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	Yes	No
	er the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ō		
	the organization comply with backup withholding rules for reportable payments to vendors a	nd		
			$\overline{N}$	$\overline{\Delta}$
	ortable gaming (gambling) winnings to prize winners?	· ·   ''	11/	1.
	er the number of employees reported on Form W-3, Transmittal of Wage and Tax	o		
	tements, filed for the calendar year ending with or within the year covered by this return . 2a			
	t least one is reported on line 2a, did the organization file all required federal employment tax return			┢
	e. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			- x
	the organization have unrelated business gross income of \$1,000 or more during the year?			<del>  _</del> ^
	es," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			┼
	any time during the calendar year, did the organization have an interest in, or a signature or other author			
ove	r, a financial account in a foreign country (such as a bank account, securities account, or other financ	al		
acc	ount)?	4a		'
b If "Y	es," enter the name of the foreign country. ▶			l
See	instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Wa	s the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		2
<b>b</b> Did	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n? 5b		2
	es" to line 5a or 5b, did the organization file Form 8886-T?			
	es the organization have annual gross receipts that are normally greater than \$100,000, and did			Г
	anization solicit any contributions that were not tax deductible?		ŀ	2
	Yes," did the organization include with every solicitation an express statement that such contributions			
	s were not tax deductible?	II.		
	panizations that may receive deductible contributions under section 170(c).	•		Т
-	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	de		1
	services provided to the payor?	II.		
		-1.		Ħ
	'es," did the organization notify the donor of the value of the goods or services provided?	•••	<del>                                     </del>	╁
	the organization sell, exchange, or otherwise dispose of tangible personal property for which it v			;
•	uired to file Form 8282?	7c		╁
	res," Indicate the number of Forms 8282 filed during the year			
	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			1
	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			2
-	e organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			+
<b>h</b> If th	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7	7h	ļ	╄
8 Spo	onsoring organizations maintaining donor advised funds and section 509(a)(3) support	ing	•	1
org	anizations. Did the supporting organization, or a donor advised fund maintained by a sponsor	ng		.
org	anization, have excess business holdings at any time during the year?	8		1 2
9 Spc	onsoring organizations maintaining donor advised funds.		<b>-</b>	. <b>.</b>
a Did	the organization make any taxable distributions under section 4966?	. 9a	N,	
<b>b</b> Did	the organization make a distribution to a donor, donor advisor, or related person?	9b	N.	<u>/A</u>
0 Sec	ction 501(c)(7) organizations. Enter			
	ation fees and capital contributions included on Part VIII, line 12	İ		
	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	tion 501(c)(12) organizations. Enter			
	ss income from members or shareholders	ł		
	ss income from other sources (Do not net amounts due or paid to other sources			
	unst amounts due or received from them.)			
	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1? 12a	I	-
	res," enter the amount of tax-exempt interest received or accrued during the year	11 1 1 1 1 1		╁
	tion 501(c)(29) qualified nonprofit health insurance issuers.	13a		╁
	ne organization licensed to issue qualified health plans in more than one state?	· ·   13a		╁
	e. See the instructions for additional information the organization must report on Schedule O.	İ		
	er the amount of reserves the organization is required to maintain by the states in which			
	organization is licensed to issue qualified health plans			ı
	er the amount of reserves on hand		1	1
	the organization receive any payments for indoor tanning services during the tax year?	14a		$\perp$
<b>b</b> If "	es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u>1                                    </u>
			990	

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion 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 If there are	1		
	maternal differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1		
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	Х	
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
		-		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following.	8a	Х	
a	The governing body?	8b		x
þ	Each committee with authority to act on behalf of the governing body?	90		<u> </u>
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		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		Х
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		x
-	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions )			$\vdash$
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		<u> </u>
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	100		
17	List the state of the birth of			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)			<b>-</b>
10	available for public inspection. Indicate how you made these available. Check all that apply.	(3)5 0	ny)	
	Own website Another's website X Upon request			
40		E into	- 4-	alia:
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	ı intel	est p	юнсу,
20	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization     Veronica Franck 750 E. Pratt Street, Suite 900, Baltimore, MD 21202 410-244-7760			
JSA	Organization Pyeronica Franck 750 E. PRATT STREET, SUITE 900, BALTIMORE, MD 21202 410-244-7760	Form	990	(2011)

52-1283255 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors** 

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. 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.

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

(A) Name and Title	(B) Average hours per week (describe hours for	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee)					an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee		(W-2/1099-MISC)		organization and related organizations
(1) BENJAMIN R. CIVILETTI PRESIDENT/DIRECTOR	0	x		х				(	0	,
(2) DAVID RUTSTEIN VP/DIRECTOR	0	х		х				(	0	
(3) ROBERT L. WALDMAN SEC/TREAS/DIRECTOR	0	х		х				(	0	
(4)										
(5)	•									
(6)										
(7)										
(8)										
(9)										
(12)										
(13)										
(14)								-		

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)											
(A) Name and title	(B) Average hours per week (describe	box, office	unles r and	Pos eck i s pe a di	more rson recto	than or is both r/trustee	an B)	the	(E) Reporta compensation relate organization	able ion from ed	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations
											·
											<del></del>
							ļ <u>.</u>				<u>-</u>
										_	
1b Sub-total c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)	<u> </u>						<b>&gt; &gt;</b>	(	)	0	(
2 Total number of individuals (including but not reportable compensation from the organization			liste	d a	bov	e) who	o re	ceived more than	\$100,000	of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										sated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	007	Ħ	"Ye	s, "				4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on	fron	n any	un				5 X
Section B. Independent Contractors											
Complete this table for your five highest com- compensation from the organization. Report of year											
(A) Name and business add	ress							(B) Description of se	rvices		(C) Compensation
NONE											
							+				
Total number of independent contractors (ir more than \$100,000 in compensation from the				nite	j to	thos	e i	isted above) who	received		

Par	τνιι	Statement of Reven	ue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated busmess revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations	1b 1c 1d 1d 1e 1f 1f 1f 1f 1f 1f 1f 1f 1f 1f 1f 1f 1f	2,147,000.	2,147,000.	<del></del> -		
<u> </u>	<del></del>	Total, Add Intes 14 11 1		Business Code	2,147,000.			
Program Service Revenue	2a b c d	All other program service reve	DUE					
5	g	Total. Add lines 2a-2f			0	-		
	3	Investment income (including other similar amounts) A lincome from investment of tax	dividends, interes	st, and	640.			640.
	5	Royalties	<u></u>	<u></u> ▶	0			
	6a b	Gross rents	(i) Real	(ii) Personal			- c c c acc	
	ď	Net rental income or (loss)			0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	ь	Less cost or other basis and sales expenses						
_	d	Gain or (loss) L		<u></u>	0			!
r Revenue	8a	Gross income from fundraisevents (not including \$ of contributions reported on lin See Part IV, line 18	ne 1c).					
Other	b	Less direct expenses						J
Ŏ	С	Net income or (loss) from fund		<u> </u>	0			ı
	9a	Gross income from garning ac See Part IV, line 19	a	4				 
	b C	Less direct expenses Net income or (loss) from gam	ing activities		0		-	1
	10a	Gross sales of inventor returns and allowances	a					1
	b	Less cost of goods sold	b					i
	<u> </u>	Net income or (loss) from sale: Miscellaneous Revenu		Business Code	0			1
		<del></del>		Susmess Code				<sup> </sup>
	11a	VOIDED CHECK DISBURSEMENT	<del></del>		3,000.			3,000.
	b		<del></del>			-		
	c							
	d	All other revenue			<u> </u>			
	e	Total. Add lines 11a-11d		1	3,000.			
	12	Total revenue. See instruction	s	<u> </u>	2,150,640.			3,640.
							F	orm <b>990</b> (2011)

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#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not
required to complete columns (B), (C), and (D).
Charlet Cabadala Charleton a response to any question in this Dort IV

	Check if Schedule O contains a respo	rise to any question in	uns Partix	<u> </u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21 .	2,162,899.	2,162,899.		
2	Grants and other assistance to individuals in				
-	the United States See Part IV, line 22	o			
3	Grants and other assistance to governments,				
3					
	organizations, and individuals outside the United States See Part IV, lines 15 and 16	o			
		- 0			
4	Benefits paid to or for members	U			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			ļ
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section				
•	401(k) and 403(b) employer contributions)	0			
۵		0			
9	Other employee benefits	0			
10	Payroll taxes				
11	Fees for services (non-employees).	0			
	Management	0			<del></del>
b	•	0			
C	Accounting				
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			ļ
12	Advertising and promotion	0			<u> </u>
13	Office expenses	0			Ļ
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses Itemize expenses not covered				
-	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
2				<del>-</del>	
h					
c			_		_
d					-
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,162,899.	2,162,899.		1
26	Joint costs. Complete this line only if the	,,			
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	0			
104		<u> </u>	l		<u> </u>

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	VENABLE FOUNDATION, INC.	!	52-12	283255
rm 990 (20	'			Page 11
Part X	Balance Sheet	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	Q	1	
2	Savings and temporary cash investments	233,473.	2	221,214
3	Pledges and grants receivable, net	q	3	
	Accounts receivable, net	d	4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L	q	5	
	Schedule L 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)	o	6	
7	Notes and loans receivable, net	q	7	
? 8	Inventones for sale or use	d	8	
`  9	Prepaid expenses and deferred charges	d	9	
10 a	Land, buildings, and equipment cost or			
1	other basis. Complete Part VI of Schedule D 10a			
ь	Less accumulated depreciation 10b	q	10c	
11	Investments - publicly traded secunties		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	d	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	233,473.	16	221,21
17	Accounts payable and accrued expenses	q	17	
18	Grants payable	q.	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	q	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	d	21	
21 22	Payables to current and former officers, directors, trustees, key			
<b>}</b>	employees, highest compensated employees, and disqualified persons.			
إذ	Complete Part II of Schedule L	d	22	
23	Secured mortgages and notes payable to unrelated third parties	0	23	
24	Unsecured notes and loans payable to unrelated third parties	· d	24	
25	Other liabilities (including federal income tax, payables to related third			•
	parties, and other liabilities not included on lines 17-24). Complete Part X			
-	of Schedule D	q	25	
26	Total liabilities. Add lines 17 through 25	.d	26	
g	Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.			
g   27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<b>≦</b> 32	Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	221,214
2 33	Total net assets or fund balances	233,473.	33	221,214
34	Total liabilities and net assets/fund balances	233,473.	34	221,214

Form **990** (2011)

## VENABLE FOUNDATION, INC.

Form	990 (2011)			Pa	ge IZ
Pa	Reconciliation of Net Assets 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	2,1	50,	540.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,1	62,8	399.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	12,	259.
4		4	2	33,	473.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	6	2	21,	214.
Pa	rt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990 X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," exp	ain ın		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
þ	Were the organization's financial statements audited by an independent accountant?		2b		Х
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov of the audit, review, or compilation of its financial statements and selection of an independent accountant?	_	2c		
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O	lain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yearssued on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	r were			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set f the Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2011)

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#### SCHEDULE'A (Form 990 or 990-EZ)

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. OMB No 1545-0047 200' Open to Public Inspection

Name of the organization Employer identification number 52-1283255 VENABLE FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 33 1/3 % 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated d Type III - Other Type I b Type II 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? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (III) below, the governing body of the supported organization? 11g(i) X 11g(ii) Х (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Х Provide the following information about the supported organization(s) h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vi) is the (vii) Amount of organization in organization (described on lines 1-9) organization in col (i) listed in the organization support above or IRC section in col (i) of col. (i) organized

your governing your support? (see instructions)) in the U.S.? docu nent? Yes Yes No Yes No No (A) (B) (C) (D) (E) Schedule A (Form 990 or 990-EZ) 2011

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Page 2

	1 2 1 1 1 1 1	·	" 1: 0	41 470/1		J 470/L\/4\/A	14-41
Par	(Complete only if you check	ed the box or	line 5, 7, or 8	of Part I or if	the organizati	on failed to qu	
	Part III. If the organization for	ails to qualify	under the tests	s listed below,	please comple	ete Part III.)	
Sect	ion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants.")	1,678,500.	1,972,000.	2,058,000.	2,163,000.	2,147,000.	10,018,500.
	granto, y transport						
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 the organization without charge						
4	Total. Add lines 1 through 3	1,678,500.	1,972,000.	2,058,000.	2,163,000.	2,147,000.	10,018,500.
5	The portion of total contributions by						
•	each person (other than a			,			
	governmental unit or publicly	:					
	supported organization) included on line 1 that exceeds 2% of the amount					`	
	shown on line 11, column (f)						71,309.
6	Public support. Subtract line 5 from line 4.		<u> </u>				9,947,191.
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	1,678,500.	1,972,000.	2,058,000.	2,163,000.	2,147,000.	10,018,500.
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar		Ì				
	sources	278.	935.	475.	559.	640.	2,887.
9	Not income from completed business						
3	Net income from unrelated business activities, whether or not the business						
	is regularly carried on		ļ				
40	Other recent to the last to the second to th						
10	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)						
11	Total support. Add lines 7 through 10			<u> </u>	F-7		10,021,387.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	
13	First five years. If the Form 990 is f						
	organization, check this box and stop here			<del></del>			▶
	tion C. Computation of Public Sup					, , , , , , , , , , , , , , , , , , ,	
14	Public support percentage for 2011 (line					14	99.26%
15	Public support percentage from 2010 S						99.30%
16a	33 1/3 % support test - 2011. If the o	-					
	this box and stop here. The organizate	•		-			
b	33 1/3 % support test - 2010. If the	_					
	check this box and stop here. The orga	•					
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organization					-	
	Part IV how the organization meets			_	-		
	organization						
b	10%-facts-and-circumstances test -		-		=		
	15 is 10% or more, and if the orga						-
	Explain in Part IV how the organization					-	
	supported organization						▶∐
18	Private foundation. If the organization	did not check a	box on line 13,	16a, 16b, 17a, o	r 17b, check this	box and see	
	inetructions						<b>►</b> 1

Page 3

Part III Su	pport Schedule fo	or 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.)

Sect	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						Ì
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					1	
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513						
4	Tax revenues levied for the	-			<u> </u>		
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the	1					
	organization without charge						
e					<del>                                     </del>	<del> </del>	
6	Total. Add lines 1 through 5					· · · · · ·	<del>                                     </del>
/ a	Amounts included on lines 1, 2, and 3						
ь	received from disqualified persons Amounts included on lines 2 and 3			-			
	received from other than disqualified						
	persons that exceed the greater of \$5,000			:		•	
	or 1% of the amount on line 13 for the year					<u> </u>	<del> </del>
_	Add lines 7a and 7b Public support (Subtract line 7c from		+		<del></del>		
8	• • •						
Sec	tion B. Total Support	1	1	1	<u></u>	ı	ı
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	Amounts from line 6	(4, 200.	(-,	(0,200	(4) = 3.5	(0,2011	(1)
9 10 a	Gross income from interest, dividends,	<del></del>					
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carned on	ļ					
12	Other income Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part IV)			<u> </u>		<u> </u>	<u> </u>
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				<u> </u>		
14	First five years. If the Form 990 is for	r the organization	n's first, second,	third, fourth, o	rfifth tax yeara	as a section 501	(c)(3)
	organization, check this box and stop here	<u></u> .	. <i></i> .	<u> </u>	<u> </u>		▶ 🔃
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2011 (line 8, c	olumn (f) divided	by line 13, column	(f))		15	<u></u> %
16	Public support percentage from 2010 Sched	ule A, Part III, line	15			16	%
Sec	tion D. Computation of Investmen	it Income Per	centage			<del></del>	
17	Investment income percentage for 2011 (li	ine 10c, column (f	) divided by line 1:	3, column (f))		17	%
18	Investment income percentage from 2010	Schedule A, Part	III, line 17			18	%
19 a	33 1/3 % support tests - 2011. If the or	rganization did n	ot check the bo	x on line 14, an	d line 15 is mo	re than 331/3 %,	and line
	17 is not more than 331/3 %, check the	nis box and sto	p here. The org	anization qualifie	s as a publicly	supported organ	nization 🕨 📗
b	33 1/3 % support tests - 2010. If the organization	anization did not	check a box on	line 14 or line 1	9a, and line 16 i	s more than 331	/3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here The o	rganization qualif	ies as a publicly	supported organ	nization 🕨 🔝
20	Private foundation. If the organization	did not check	a box on line	14. 19a. or 19	b. check this b	ox and see inst	ructions >

Schedule A (Form 990 or 990-EZ) 2011

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No. 1545-0047	
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Open to Public Inspection 2

× × Employer Identification number 52-1283255 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. the selection criteria used to award the grants or assistance? Series General Information on Grants and Assistance VENABLE FOUNDATION, INC.

Part	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	vernments recipient t pace is nee	and Organiza hat received I	tions In the Unite more than \$5,00	ad States. Comp 0. Check this bo	elete if the organiza x if no one recipien	ation answered "Ye	s" an \$5,000.
-	(a) Name and address of organization or government	(b) EIN	(c) RC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) <u>see</u>	(1) SEE ATTACHMENT			1,319,600.				
(2)								
(3)								
(4)							٠	
(5)								
(9)								
(C)								
(6)								
(10)								
(11)								
(12)								:
2 Ent	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	vernment or	ganizations liste	ed in the line 1 table			<b>A</b> : : : : : : : : : : : : : : : : : : :	98.

3 Enter total number of other organizations listed in the line 1 table . . For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

VENABLE FOUNDATION, INC.

Schedule I (Form 990) (2011)

Page 2 Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

	י מון ווו סמון כס מקטווסמים וו מממוויטו מון ווו סמון	20000				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
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Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	is part to prov	ide the informa	tion required in	Part I, line 2, and an	other additional information.

SCHEDULE I

PART I, LINE 2

THE FOUNDATION PERIODICALLY CONDUCTS RANDOM REVIEWS AND INQUIRIES FOR

MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES.

#### SCHEDULE O . (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VENABLE FOUNDATION, INC.

Employer Identification number 52-1283255

PART VI, LINE 2

THE VENABLE FOUNATION IS FUNDED EXCLUSIVELY BY PARTNERS IN THE LAW FIRM OF VENABLE LLP, A MARYLAND LIMITED LIABILITY PARTNERHSIP. INDIVIDUALS WHO SERVE AS OFFICERS/DIRECTORS OF THE VENABLE FOUNDATION ARE OWNER PARTNERS OR EMPLOYEES OF VENABLE LLP AND ARE COMPENSATED SOLELY BY THE PARTNERSHIP, AND NOT THROUGH THE FOUNDATION.

PART VI

LINE 8B

THE FOUNDATION DOES NOT HAVE SEPARATE COMMITTEES.

PART VI

LINE 11

THE TAX RETURN FOR VENABLE FOUNDATION IS PREPARED BY A PUBLIC ACCOUNTING FIRM. THE PUBLIC ACCOUNTING FIRM PROVIDES THE OFFICERS AND BOARD MEMBERS WITH A COMPLETED RETURN, PRIOR TO THE DUE DATE, WHICH IS THEN REVIEWED AND SIGNED BY A DIRECTOR BEFORE SUBMISSION.

PART VI

LINE 19

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

PART VI

VENABLE FOUNDATION, INC.

52-1283255

Page 2

SECTION B

ALTHOUGH THE FOUNDATION DOES NOT HAVE ANY WRITTEN POLICIES THAT HAVE BEEN APPROVED BY THE BOARD PRIOR TO YEAR END, THE FOUNDATION IS IN THE PROCESS OF ADOPTING A CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND A DOCUMENT RETENTION AND DESTRUCTION POLICY

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE VENABLE FOUNDATION WORKS TO PROMOTE THE HEALTH AND WELL-BEING OF
THE COMMUNITIES WHERE VENABLE'S CLIENTS AND ATTORNEYS WORK AND LIVE.
THE FOUNDATION SUPPORTS A WIDE RANGE OF CIVIC, CULTURAL AND
CHARITABLE ENDEAVORS AS WELL AS PUBLIC INTEREST LAW AND LEGAL
EDUCATION, WITH A CENTRAL FOCUS ON LEGAL ASSISTANCE AND LEGAL
EDUCATION PROGRAMS.

FORM 990, PART VIII - INVESTMENT INCOM	E		ATTACHMENT 2	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
PNC BANK SAVINGS ACCOUNT INTEREST INC	64	0.		640.
TOTALS =	64	0.	<del></del>	640.

VENABLE FOUNDATION, INC.

52-1283255

# SCHEDULE R (Form 990)

INC.

VENABLE FOUNDATION,

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 38, or 37. See separate instructions. ▶ Attach to Form 990.

<b>201</b>	Open to Public	Inspection

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OMB No 1545-0047

Employer Identification number 52-1283255

(9) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ž Yes Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (1)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (b) Pnmary activity Primary activity (a)Name, address, and EIN of disregarded entity Name, address, and EIN of related organization Part II Partl 티 린 2 ପ୍ € 9 ଷ୍ପ ଶ୍ର

For Paperwork Reduction Act Notice, see the instructions for Form 990.

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Schedule R (Form 990) 2011

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VENABLE FOUNDATION, INC.

Page 2 (k) Percentage (h) Percentage ownership Schedule R (Form 990) 2011 ownership (j) General or menaging partner? (g) Share of end-of-year assets Yes No Identification of Related Organizations Taxable as a Corporation or Trust(Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) (I) Code V-UBI amount in box 20 Schedule K-1 (Form 1065) (f) Share of total income ĝ (h) Disproportionals Yes (g) Share of end-of-year or assets (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicale (state or foreign country) (b) Pnmary activity (d)
Direct controlling
entity N/A (c) Legal domicile (state or foreign country) ð (b) Primary activity LEGAL PRACTIC (a) Name, address, and EIN of related organization 750 E. PRAIT STREET, STE 900 (1) VENABLE LLP 52-0517250 \_\_\_\_ Name, address, and EIN related organization Schedule R (Form 990) 2011 <u>s</u> Part III Part IV 3 9 මු <u>ල</u> ତ୍ର ଅ 3 ପ୍ର € ੩ ଭ S

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52-1283255

Page 3 Schedule R (Form 990) 2011 Yes No (d) Method of determining × **英語** 英語 × Ε 5 9 19 <u>a</u> 9 9 무 9 19 ¥ 5 # If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) 2,147,000 (c) Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (I) interest (II) annuities (III) royalties or (IV) rent from a controlled entity Transaction type (a-r) O Σ z Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Name of other organization Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) VENABLE LLP VENABLE LLP VENABLE LLP Schedule R (Form 990) 2011 Part V E م = ۰ م 5 (2) U σ Φ 9 5 9 \_ \_ 9 € € **9** | ~

52-1283255

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI 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 Prime	(b) Primary activity	(c) Legal domicite (state or foreign country)		(e) Are all pertners section 501(c)(3) crosnizetions?	(f) Share of total income	(g) Share of and-of-year assets	(h) Diaproportionate allocations?		(l) General or managing partner?	(k) Percentage ownership
			from tax under section 512-514)	Yes No			Yes	(Form 1065)	Yes	
(1)										
(2)										
(6)										
(4)										
(9)										
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Schedule R (Form 990) 2011

Page 5

Part VII Supplemental Information

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

Method of Ž

Name and address of organization or government	Z H M	IRC section (if applicable)	Amount of cash grant	Amount of non- cash assistance	Valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
ABA Fund for Justice and Education Judicial Intern Opportunity Program 321 North Clark Stret Chicago, IL 60610	36-6110299	501(c) (3)	10,000	N/A	N/A	N/A	N/A
ACLU of Maryland 3600 Clipper Mill Road, Suite 350 Baltimore, MD 21211	23-7209538	501(c)(3)	10,000	N/A	N/A	N/A	N/A
American Heart Association 4301 North Fairfax Drive, Suite 530 Arlington, VA 22203	13-5613797	501 (c) (3)	10,000	N/A	N/A	N/A	N/A
American Red Cross of Central MD 4800 Mount Hope Dr Baltimore, MD 21215-3212	53-0196595	501 (c) (3)	15,000	N/A	N/A	N/A	N/A
Arena Stage, AKA Washington Drama Society Inc 1101 6th Street SW Washington, DC 20024	53-0246894	501 (c) (3)	15,000	N/A	N/A	N/A	N/A
Arlington Free Clinic 2921 llth Street South Arlington, VA 22204	54-1671883	501 (c) (3)	20,000	N/A	N/A	N/A	N/A
Associated Black Charities 1114 Cathedral Street Baltimore, MD 21201	52-1427774	501 (c) (3)	10,000	N/A	N/A	N/A	N/A
Baltimore Child Abuse Center 2300 N. Charles Street Baltimore, MD 21218	52-1681279	501 (c) (3)	10,000	N/A	N/A	N/A	N/A
Baltimore City Foundation, Inc. 10 N. Calvert Street Baltimore, MD 21202	52-1212473	501 (c) (3)	20,000	N/A	N/A	N/A	N/A
Baltimore Community Foundation 2 East Read Street, 9th Floor Baltimore, MD 21202	23-7180620	501 (c) (3)	10,000	N/A	N/A	N/A	N/A

Name and address of organization or government	Z	IRC section (if applicable)	Amount of cash grant	Amount of non- cash assistance	Method of Valuation (book, FWV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
Baltimore Museum of Art 10 Art Museum Drive Baltimore, MD 21218	52-6000162	501 (c) (3)	10,000	N/A	N/A	N/A	N/A
Baltimore School for the Arts 712 Cathedral Street Baltimore, MD 21201	52-1174284	501(c)(3)	15,000	N/A	N/A	N/A	N/A
Baltimore Station PO Box 27144 Baltimore, MD 21230	52-1594258	501(c) (3)	10,000	N/A	N/A	N/A	N/A
Baltimore Symphony Orchestra 1212 Cathedral Street Baltimore, MD 21201	52-0629696	501(c)(3)	7,500	N/A	W/W	N/A	N/A
Big Brothers/Sisters of Natl Capital Area 1763 Columbia Road Washington, DC 20009	53-0190849	501 (c) (3)	20,000	N/A	N/A	N/A	N/A
Boys & Girls Clubs of Greater Washington 4103 Benning Road, NE Washington, DC 20019	53-0236759	501 (c) (3)	25,000	N/A	æ/z	N/A	N/A
Bread for the City 1525 Seventh St NW Washington, DC 20001	52-1138207	501 (c) (3)	25,000	N/A	A/N	N/A	N/A
Bright Beginnings 128 M Street, NW Washington, DC 20001	52-1697917	501 (c) (3)	15,000	N/A	N/A	N/A	N/A
Capital Area Food Bank 645 Taylor St NE Washington, DC 20017	52-1167581	501(c)(3)	30,000	N/A	N/A	N/A	N/A
Center for Empowerment/Employment 600 W Street, NE Washington, DC 20091	52-2238394	501(c)(3)	10,000	N/A	N/A	N/A	N/A

Name and address of organization or government	N	IRC section (1f applicable)	Amount of cash grant	Amount of non- cash assistance	Method of Valuation (book, EWV, appraisal, other)	Description of non-cash assistance	Furpose of grant or assistance
Chesapeake Bay Foundation Phillip Merrill Environmental Center 6 Herndon Avenue Annapolis, MD 21403	52-6065757	501(c) (3)	10,000	N/A	N/A	N/A	N/A
Children's Guild 6802 McClean Boulevard Baltimore, MD 21234-7260	52-0634411	501 (c) (3)	10,000	N/A	N/A	N/A	N/A
Children's Law Center 616 H Street, NW Washington, DC 20001	52-1961588	501(c)(3)	7,500	N/A	N/A	A/N	N/A
College Bound, Inc. 128 M Street, NW Washington, DC 20001	52-1761312	501 (c) (3)	7,500	N/A	N/A	A/N	N/A
CollegeBound Foundation 300 Water Street, Suite 300 Baltimore, MD 21202	52-1598921	501(c)(3)	15,000	N/A	N/A	A/N	N/A
Community Capital Corporation 1100 Harvard Street, NW Washington, DC 20009	52-2332161	501(c)(3)	20,000	N/A	N/A	N/A	N/A
Community Council for the Homeless 4713 Wisconsin Ave, NW Washington, DC 20016	52-1753716	501 (c) (3)	8,000	N/A	N/A	N/A	N/A
Community Residences 14160 Newbrook Drive Chantilly, VA 20151	54-1004092	501 (c) (3)	15,000	N/A	N/A	N/A	ď/z
Council for Court Excellence 1111 14th St NW Washington, DC 20005	52-1241825	501 (c) (3)	8,000	N/A	N/A	N/A	N/A
D.C. Rape Crisis Center PO Box 34125 Washington, DC 20043	23-7377193	501 (c) (3)	12,000	N/A	N/N	N/A	N/A

Name and address of organization or government	N H	IRC section (1f applicable)	Amount of cash grant	Amount of non- cash assistance	Method of Valuation (book, FWV, appraisal, other)	Description of non-cash assistance	Purpose of 'grant or assistance'.
DC Access College Program 1029 Vermont Ave NW Washington, DC 20005	52-2132835	501(c)(3)	10,000	N/A	N/A	N/A	N/A
DC Bar Pro Bono Program 1101 K Street, NW Second Floor Washington, DC 20005	52-1574217	501(c)(3)	10,000	N/A	N/A	N/A	N/A
DC Central Kitchen 425 Second Street, NW Washington, DC 20001	52-1584936	501(c) (3)	25,000	N/A	N/A	N/A	N/A
DC Scores 1224 M Streetm NW Washington, DC 20005	52-2230721	501(c)(3)	5,600	N/A	N/A	N/A	N/A
Doorways for Women and Families P. O. Box 100185 Arlington, VA 22210	54-1087829	501(c)(3)	15,000	N/A	N/A	N/A	N/A
Emmaus Services for the Aging 1426 9th Street, NW Washington, DC 20001-3344	52-1219781	501(c)(3)	7,500	N/A	N/A	N/A	N/A
Enoch Pratt Free Library 400 Cathedral Street Baltimore, MD 21201	52-6001143	501(c)(3)	12,500	N/A	N/A	N/A	N/A
Everyman Theatre 1727 N Charles St Baltimore, MD 21201	52-1593239	501(c) (3)	10,000	N/A	N/A	N/A	N/A
Friendship House Charter School 220 Q Street, NE, Suite 200 Washington, DC 20002	53-0196540	501(c)(3)	10,000	N/A	N/A	N/A	N/A
Fuel Fund of Maryland 1500 Union Ave, Suite 2400	52-1204629	501 (c) (3)	20,000	N/A	N/A	N/A	N/A

Name and address of organization or government	NI	IRC section (if applicable)	Amount of cash grant	Amount of non- cash assistance	Method of Valuation (book, FWV, appraisel, other)	Description of non-cash assistance	Purpose of grant or assistance
Baltimore, MD 21211							
George Mason University Foundation 4400 University Dr Fairfax, VA 22030	54-1603842	501(c) (3)	10,000	N/A	A/N	N/A	N/A
GHCC Experience Corps 3503 N Charles St Baltimore, MD 21218	52-0897806	501(c) (3)	000′9	N/A	æ/z	N/A	N/A
Goodwill of Greater Washington 2200 South Dakota Ave, NE Washington, DC 20018	53-0196588	501(c) (3)	10,000	A/A	N/A	N/A	N/A
Green Door 1221 Taylor Street, NW Washington, DC 20011	52-1066168	501(c) (3)	10,000	N/A	N/A	N/A	N/A
Health Care for the Homeless 111 Park Avenue Baltimore, MD 21201	52-1576404	501 (c) (3)	20,000	N/A	N/A	N/A	N/A
Joseph Ritchey Hospice 838 North Eutaw Street Baltimore, MD 21201	52-1184960	501 (c) (3)	10,000	N/A	N/A	N/A	N/A
Keswick Multi-Care Center 700 West 40th Street Baltimore, MD 21211	52-0591485	501 (c) (3)	10,000	N/A	N/A	N/A	N/A
Latin American Youth Center 1419 Columbia Rd NW Washington, DC 20009	52-1023074	501 (c) (3)	12,500	N/A	N/A	N/A	N/A
League for People with Disabilites 1111 E Cold Spring Ln, Baltimore, MD 21239	52-0591579	501 (c) (3)	15,000	N/A	N/A	N/A	N/A
Legal Aid Bureau, Inc. 500 E Lexington St	52-0591621	501 (c) (3)	46,000	N/A	N/A	N/A	N/A

Name and address of organization or government	M N	IRC section (1f applicable)	Amount of cash grant	Amount of non- cash assistance	Method of Valuation (book, FWV, appraisal, other)	Description of non-cash assistance	Purpose of Grant or assistance
Baltimore, MD 21202							
Legal Aid Society of DC 1331 H Street, NW Washington, DC 20005	53-0196600	501(c)(3)	15,000	N/A	W/W	N/A	N/A
Legal Services of Northern Virginia 6066 Leesburg Pike Falls Church, VA 22041	54-1137931	501(c)(3)	11,000	N/A	N/A	N/A	N/A
Life Pieces to Masterpieces 5001 Hayes Street, NE Washington, DC 20019	52-2076894	501(c)(3)	7,500	N/A	N/A	N/A	&/Z
Living Classrooms Foundation 802 S. Caroline Street Baltimore, MD 21231	91-2026597	501(c)(3)	20,000	N/A	N/A	N/A	N/A
Manna Food Center 9311 Gaither Road Gaithersburg, MD 20877	52-1289203	501(c)(3)	15,000	N/A	N/A	N/A	W/N
Martha's Table 2114 14th Street, NW Washington, DC 20009	52-1186071	501(c)(3)	20,000	N/A	N/A	N/A	N/N
Maryland Disability Law Center 1800 N. Charles St, Ste 400 Baltimore, MD 21201	51-0215570	501(c)(3)	10,000	N/A	N/A	N/A	N/A
Maryland Food Bank 2200 Halethorpe Farms Road Baltimore, MD 21227	52-1135690	501(c)(3)	25,000	N/A	N/A	A/N	N/A
Maryland Institute College of Art 1300 West Mount Royal Ave Baltımore, MD 21217	52-0591661	501(c)(3)	10,000	N/A	N/A	N/A	N/A
Maryland New Directions	52-1021365	501(c)(3)	7,500	N/A	N/A	N/A	N/A

Schedule I, Part II Attachment 6 of 10

Venable Foundation, Inc.

Tax Year Ended: 12/31/2011

EIN: 52-1283255

Purpose of grant or assistance N/A N/A N/A N/A N/A N/A N/A N/A N/A Description of assistance non-cash N/A N/A N/A N/A N/A N/A N/A N/A N/A Valuation (book, FMV, appraisal, Method of other) N/A N/A N/A N/A N/A N/A N/A N/A N/A cash assistance Amount of non-N/A N/A N/A N/A N/A N/A N/A N/A N/A Amount of cash 10,000 grant 22,000 10,000 20,000 12,000 15,000 6,000 7,500 7,000 IRC section applicable) 501(c)(3) 501(c)(3) 501(c)(3) 501 (c) (3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c) (3) 52-0996352 52-1594116 52-1547224 95-1652916 52-1007373 36-2337880 52-2113471 52-1372359 52-1331552 EIN Name and address of organization or government National Legal Aid & Defender Assocaition Patricia M. Sitar Center for the Arts 1140 Connecticut Ave, NW, Suite 900 Motion Picture and Television Fund Maryland Zoo in Baltimore 1876 Mansion House Drive Baltimore MD, 21217-9973 Woodland Hills, CA 91364 2401 Virginia Avenue NW Washington, DC 20037 23388 Mulholland Drive 1700 Kalorama Road NW Washington, DC 20009 Washington, DC 20005 Washington, DC 20036 Washington, DC 20005 Washington, DC 20009 Baltimore, MD 21201 2333 Ontario Rd NW Paul's Place, Inc. Miriam's Kitchen N Street Village 1333 N Street NW 1118 Ward Street 611 Park Avenue Druid Hill Park 1012 14th St NW Mary's Center Mentor's Inc.

Baltimore, MD 21230

Name and address of organization or government	Z	IRC section (1f applicable)	Amount of cash grant	Amount of non- cash assistance	Method of Valuation (book, FWV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
Pimlico Road Youth Program 4236 Pimlico Road Baltimore, MD 21215	51-0564067	501(c)(3)	15,000	N/A	N/A	N/A	N/A
Pro Bono Institute 1025 Connecticut Avenue, NW, Suite 205 Washington, DC 20036	52-1991509	501 (c) (3)	10,000	N/A	W/N	N/A	A/N
Public Justice Center One N. Charles Street, Suite 200 Baltimore, MD 21201	52-1412226	501 (c) (3)	10,000	N/A	N/A	N/A	N/A
Rockville Holiday Drive One Exchange Plaza 35 Broadway, Suite 302 New York, NY 10006	52-6001573	501(c) (3)	6,000	N/A	N/A	N/A	N/A
Safe Shores-DC Children's Advocacy Ctr 300 E. Street, NW Washington, DC 20001	52-1888617	501(c) (3)	7,500	N/A	N/A	N/A	N/A
Samaritan Inns 2523 14th St NW Washington, DC 20009	52-1474935	501(c)(3)	10,000	N/A	N/A	N/A	N/A
See Forever Foundation/MAPCS School 1436 U Street, NW, Suite 203 Washington, DC 20009	52-1942257	501(c)(3)	10,000	N/A	N/A	N/A	N/A
SEED School 4300 C Street, SE Washington; DC 20019	52-2099612	501(c) (3)	7,500	N/A	W/N	N/A	A/N
Shakespeare Theatre Education Foundation 450 7th Street, NW Washington, DC 20004	52-1405988	501(c) (3)	15,000	N/A	A/N	N/A	N/A
South Baltimore Learning Center 28 E Ostend St, Baltimore, MD 21230	52-1745263	501(c)(3)	7,500	N/A	M/M	N/A	N/A

Name and address of organization or government	Z I III	IRC section (1f applicable)	Amount of cash grant	Amount of non- cash assistance	Method of Valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance	
St. Coletta of Greater Washington 1901 Independence Ave SE Washington, DC 20003	54-0968224	501(c)(3)	10,000	N/A	N/A	N/A	N/A	
Stepping Stones Shelter P. O. Box 712 Rockville, MD 20848	52-1281647	501(c)(3)	10,000	N/A	N/A	N/A	N/A	
Tahirih Justice Center 6402 Arlington Blvd, Sulte 300 Falls Church, VA 22042	54-1858176	501(c)(3)	5,500	N/A	N/A	N/A	N/A	
Teach for America 315 West 36th Street New York, NY 10018	13-3541913	501(c)(3)	27,000	N/A	N/A	N/A	N/A	
Turn Around, Inc. 401 Washington Ave Towson, MD 21204	52-1159135	501(c)(3)	10,000	N/A	N/A	N/A	N/A	
Turning the Page 1010 Vermont Avenue, NW Washington, DC 20005	52-2081934	501(c)(3)	9,000	N/A	N/A	N/A	N/A	
Tuttie's Place 3000 Chelsea Terrace Baltimore, MD 21216	52-1957722	501(c) (3)	22,000	N/A	N/A	N/A	N/A	
United Negro College Fund 8260 Willow Oaks Corporate Dr P. O. Box 10444 Fairfax, VA 22031	13-1624241	501(c)(3)	20,000	N/A	N/A	N/A	N/A	
United Way of Central Maryland 100 South Charles Street, Suite 500 Baltimore, MD 20201	52-0591543	501(c) (3)	25,000	N/A	N/A	N/A	N/A	
United Way of National Capital Area 8391 Old Courthouse Road, Suite 200	53-0234290	501 (c) (3)	25,000	N/A	N/A	N/A	N/A	

Name and address of organization or government	H	IRC section (if applicable)	Amount of cash grant	Amount of non- cash assistance	Method of Valuation (book, FWV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
Vienna, VA 22182							
University of Baltimore Foundation 1130 N Charles St Baltimore, MD 21201	23-7036780	501(c) (3)	10,000	N/A	N/A	N/A	N/A
University of MD Baltimore Foundation 500 West Baltimore Street Baltimore, MD 21201	31-1678679	501(c) (3)	40,000	N/A	N/A	N/A	N/A
Urban Alliance Foundation, Inc. 1327 14th Street, NW Washington, DC 20005	52-1938443	501(c) (3)	19,000	N/A	N/A	N/A	A/N
Volunteers of America Chesapeake, Inc. 7901 Annapolis Road Lanham, MD 20706	52-0610547	501(c) (3)	7,500	N/A	N/A	N/A	м/м
Washington Legal Clinic for Homeless 1200 U St NW Washington, DC 20009	52-1545522	501(c) (3)	10,000	N/A	N/N	N/A	M/N
Wendt Center for Loss and Healing 4201 Connecticut Avenue, NW, Washington, DC 20008	52-1095105	501(c) (3)	10,000	N/A	N/A	N/A	A/N
Wesley Housing Development Corporation 5515 Cherokee Ave Alexandria, VA 22312	51-0155779	501(c) (3)	15,000	N/A	N/A	N/A	N/A
Whitman-Walker Clinic 1701 14th Street, NW Washington, DC 20009	52-1122122	501(c)(3)	13,000	N/A	N/A	N/A	N/A
Total:		. "	1,319,600				

(Rev January 2012)

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

OMB No. 1545-1709

Department of Internal Reve	of the Treasury enue Service	► File a s	separate app	olication for each return.				
<ul><li>If you a</li></ul>	re filing for an	Automatic 3-Month Extension, co	mplete on	ly Part I and check this	s box			. <b>▶</b> X
<ul><li>If you a</li></ul>	re filing for an	Additional (Not Automatic) 3-Mon	ıth Extensi	on, complete only Part	II (on page 2 of this	form).		
-	-	unlessou have already been grant						
a corporat 8868 to i Return fo instruction	tion required to request an ext or Transfers A ns). For more o	You can electronically file Form 8 to file Form 990-T), or an additionate to file any of the associated With Certain Personal details on the electronic filing of the	al (not aut forms liste Benefit ( is form, vis	omatic) 3-month extension of the contracts, which must sit www.irs.gov/efile and	sion of time. You can th the exception of F be sent to the IRS d click on e-file for Cha	electi om ( in p	ronical 3870, aper	ly file Form Information format (see
Part I	Automatic 3-	Month Extension of Time. On	ly submit	original (no copies ne	eded).			
A corporat	tion required to	file Form 990-T and requesting an	automatic	6-month extension - che	eck this box and comple	ete		
Part I only	<i>'</i>							▶∐
All other c	corporations (in	cluding 1120-C filers), partnerships	, REMICs,	and trusts must use For	m 7004 to request an e	extens	ion of	time
to file inco	ome tax returns				Enter filer's Identify			
Туре ог	Name of ex	empt organization or other filer, see inst	ructions.		Employer identifica	ation n	umber	(EIN) or
print								
=		E FOUNDATION, INC.			X 52-12832	55		
File by the due date for	1	eet, and room or suite no. If a P O box,	, see instruct	tions.	Social security nui	mber (	SSN)	
filing your		PRATT STREET						
return. See instructions	h -	r post office, state, and ZIP code. For a	foreign addi	ress, see instructions				
		ORE, MD 21202						
Enter the	Return code for	r the return that this application is fo	or (file a se	parate application for ea	ach return)	• • •		. 01
Application	on		Return	Application				Return
Is For			Code	Is For				Code
Form 990			01	Form 990-T (corporation	on)			07
Form 990-	-BL		02	Form 1041-A				08
Form 990-	-EZ		01	Form 4720	<u> </u>			09
Form 990-	-PF		04	Form 5227				10
Form 990-	-T (sec. 401(a)	or 408(a) trust)	05	Form 6069				11
	-T (trust other t		06	Form 8870	· ·			12
Telephe If the or If this is for the whallst with I required for the whallst with	one No programment of the names and quest an automate organization of the organization	very very very very very very very very	f usiness in the digit Group it is for par is for. ration requi exempt organ	p Exemption Number (G t of the group, check this red to file Form 990-T) e anization return for the o	s box extension of time rganization named abo	ove. Ti	and at	
	is application	is for Form 990-BL, 990-PF, 99	0-T, 4720,	, or 6069, enter the	tentative tax, less an	·	-	
		dits. See instructions.  is for Form 990-PF, 990-T,	4720 or	6069 enter any re	fundable credite and	3a	•	0.
		nents made. Include any prior yea				3b	s	0.
		tract line 3b from line 3a. Include					<b>*</b>	
		I Tax Payment System). See instruc			,, -,g, ··	3c	\$	0.
		ng to make an electronic fund v		with this Form 8868.	see Form 8453-EO			
payment i	instructions.	work Poduction Act Notice can Instru						(Pay 1 2012)

Form 8868 (Re	ev 1-2012)	_				Page 2
If you are	e filing for an Additional (Not Automatic) 3-Mo	nth Extens	ion, complete only Part II	and o	check this box	▶ X
•	complete Part II if you have already been grante					
-	e filing for an Automatic 3-Month Extension, c			•	•	
Part II	Additional (Not Automatic) 3-Month Ex			inal (	no copies needed).	
			<u>_</u>		er's identifying number, see	instructions
	Name of exempt organization or other filer, see ins	tructions.			Employer identification numb	
Type or					• •	
	VENABLE FOUNDATION, INC.			X	52-1283255	
print	Number, street, and room or suite no if a P.O. box	c see instruc	tions	_	Social security number (SSN	
File by the		, 500 msuuo	30113.		ordination (con-	,
due date for filing your	750 E. PRATT STREET  City, town or post office, state, and ZIP code. For a	a forman add	man con instructions	Ш		
return See	, , , , , , , , , , , , , , , , , , , ,	a loreign auu	ress, see msuuctions.			
instructions	BALTIMORE, MD 21202	<del>-</del>				
	eturn code for the return that this application is			return	<u>)</u>	
Application	1	Return	Application			Return
Is For		Code	Is For			Code
Form 990		01				
Form 990-E	BL	02	Form 1041-A			08
Form 990-E	Z	01	Form 4720			09
Form 990-F	PF	04	Form 5227			10
Form 990-1	(sec. 401(a) or 408(a) trust)	05	Form 6069		•	11
Form 990-1	(trust other than above)	06	Form 8870			12
STOP! Do	not complete Part II if you were not already gra	anted an au	stomatic 3-month extension	n on a	previously filed Form 88	68.
	ks are in the care of ▶ VERONICA FRANC					
	ne No. ▶ 410 244-7760		FAX No. ▶		<del></del> •	
•	ganization does not have an office or place of b	<u> </u>	· · · · · · · · · · · · · · · · · · ·	hox	•	
-	for a Group Return, enter the organization's fou				. If th	ie ie
	le group, check this box					
	names and EINs of all members the extension	-	it of the group, check this bo	·^ ·	P and all	acii a
	est an additional 3-month extension of time unti		1	1 / 1 0	5 <b>, 20</b> 12 .	
				_		20
	alendar year 2011, or other tax year beginning		<del></del> · <del></del> ·	d end		20
	tax year entered in line 5 is for less than 12 mor	ntns, check	reason: Initial ret	um	Fınal return	
	Change in accounting period				1 COMPT DEED	
		TONAL T	IME IS NEEDED TO F	TTE	A COMPLETE	
AND	ACCURATE RETURN.					
· —						
					<del></del>	
8a If this	application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tent	ative	tax, less any	
	fundable credits. See instructions.				8a \$	0
<b>b</b> If thi	s application is for Form 990-PF, 990-T,	4720, or	<sup>.</sup> 6069, enter any refund	dable	credits and	
estim	ated tax payments made. Include any pr	ior year c	overpayment allowed as	a cre	edit and any	
amou	nt paid previously with Form 8868.				8b \$	0
c Balar	ice Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if require	ed, b	y using EFTPS	
(Elect	tronic Federal Tax Payment System). See instru	ctions.			8c \$	0
	Signature and Verifica	ation mus	st be completed for Pa	art II	only.	
Under penaltu	es of perjury, I declare that I have examined this form,		•		-	lge and belief
it is true, corre	ct, and complete, and that I am authorized to prepare this fo	orm				g bonon
	( I monds					
Signature >	( yell )		Title ▶ P000974	36	Date ► 07/26/2	<b>:</b> 012
					<del></del>	(Rev 1-2012)
	$\bigvee_{\underline{}}$				. Will 2000	(100 1-2012)