

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990-PF

#### **Return of Private Foundation**

OMB No 1545-0052

		ent of the Treasury		01 360	Ţ	reated as a Priv	ate Foundati	on .			` 20 <b>11</b>
_		evenue Service	Note. The foundati		e ab					ng requirements	10/21 2010
<u> </u>			or tax year begi	nning			L/01 <b>, 2011</b>	, and end		E control de caté	10/31, 2012
		e of foundation	DIAL BG						^	Employer identific	
_			RIOLES FOUND							52-605864	
	Numt	per and street (or P C	D box number if mail is	not deliver	ed to	street address)		Room/su	ite   E	Telephone numbe	,
										(41	0) 547-6147
_		WEST CAMDEN						L			
	City c	or town, state, and Z	IP code						c	If exemption applica pending, check here	ition is
	BAL'	TIMORE, MD 2	1201							pending, check here	
G	Che	ck all that apply	Initial retur	'n		Initial return	of a former p	oublic chai	ity <sub>D</sub>	1 Foreign organizat	tions check here
			Final returi	า		Amended re	turn			2 Foreign organiza	
			Address ch	nange		Name chang	е			85% test, check h	
Н	Che	ck type of organiz	zation X Secti	on 501(	:)(3)	exempt private f	oundation			•	
ſ	⊟ s	Section 4947(a)(1) n	nonexempt charitable			Other taxable pr		tion		•	n status was terminated )(1)(A), check here
ī	Fair	market value of a	all assets at end	J Accor	untın	g method X C	ash Acc	crual	F		in a 60-month termination
	of y	ear (from Part II, c	ol (c), line			(specify)					)(1)(B), check here . ►
	16)	▶ \$	711,908.	(Part I,	colui	nn (d) must be or	cash basis )				_
F	art		enue and Expens		1.	a) Revenue and	(LV NIZ.)		, .	Admin a - 1	(d) Disbursements
			columns (b), (c), and ly equal the amounts			expenses per	(b) Net inve		(C)	Adjusted net income	for charitable purposes
_		∞lumn (a) (see ins		·		books					(cash basis only)
	1	Contributions, gifts, grant	ts, etc , received (attach sch	nedule) .		454,545.					
	2		e foundation is <b>not</b> requ ch Sch B								
	3		nd temporary cash inves			456.		456.		<u> </u>	ATCH 1
	4	Dividends and inte	rest from securities						····	- <u> </u>	
	5a	Gross rents		[							
	b	Net rental income or (	(loss)								
₾	6a	Net gain or (loss) from	m sale of assets not on	line 10							
Ę	b	Gross sales price for a assets on line 6a	all 								
Revenue	7	Capital gain net inc	come (from Part IV, I	ıne 2) . 🛚							
œ	8	Net short-term cap	otal gain	[							
	9	Income modification	ons · · · · · ·	[							
	10 a	Gross sales less return and allowances - • •									
	b	Less Cost of goods so	old								
	С	Gross profit or (loss	s) (attach schedule)	]							
	11	Other income (atta	ich schedule)			1,860.					ATCH 2
_	12	Total Add lines 1 t	through 11	<u>  </u>		456,861.		456.			
	13	Compensation of office	cera-directora (rustees,	96	7	0					
w	14	Other employee sa	ilaries and wages i.	/LU	$\boldsymbol{\circ}$						
Expenses	15	Pension plans,			တ္တု						-
be			chedule P. 0.9 2	013	인						
	,	Accounting fees (	Andrew Control of the		က်						_
<u>×</u>	C	Other professional	fees (attach schedul	9.17.	麗						
rat	17	Interest		· · · · · ·							ļ
Jist	18	Taxes (attach schedul	e) (see instructions)	**		5.	<u> </u>				_
Ē	19	Depreciation (attac	ch schedule) and de	pletion .							
Ad	20										ļ
ď	21		s, and meetings								
Operating and Administrative	22		ations			154 005					154.00-
Ę	23		ttach schedule) $^{ m ATC}$	Г		154,337.			·		154,337
3ra	24		nd administrative ex			154 242					454.00-
ă	1		gh 23	- 1		154,342.					154,337
_	25	. •	s, grants paid	· · · · [		350,692.			· · · · · ·		350,692
_	26		oursements Add lines 2	4 and 25		505,034.					505,029
	27	Subtract line 26 fro	om line 12			40 777		ļ			
	a	Excess of revenue over	expenses and disburseme	ents		-48,173.		456			
		Blod imite admin - 4 f-		^ \ '			i .	470			t .

c Adjusted net income (if negative, enter -0-). For Paperwork Reduction Act Notice, see instructions. 1E1410 1 000 JX8589 2235

JSA \*\* ATCH 3

Form 990-PF (2011)

521393

	art II	Attached schedules and amounts in the description column should be for end-or	e nf-vear	Beginning of year		End c	of year
	alti	amounts only (See instructions )	JI-year	(a) Book Value	(b) Book Value	Э	(c) Fair Market Value
•	1	Cash - non-interest-bearing	[	609,961.	561,	332.	561,332
	2	Savings and temporary cash investments		140,351.	140,	807.	140,807
	3	Accounts receivable					
		Less allowance for doubtful accounts ▶					
	4	Pledges receivable		****	•		
		Less allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and of	1				1
		disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule)	· · · [				
		Less allowance for doubtful accounts ▶					
w	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges			-		,
Ąŝ	10 a	Investments - U S and state government obligations (attach schedul					
•		Investments - corporate stock (attach schedule)					
		Investments - corporate bonds (attach schedule)					,-
	11	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)					-
	12	Investments - mortgage loans	[				
	13 14	Investments - other (attach schedule) ATCH 5	• }	9,388.	9,	769.	9,769
	4-	(attach schedule)					
		Other assets (describe	'}		<del></del>		
	16	Total assets (to be completed by all filers - see instructions Also see page 1 item !)		750 700	711	000	711 000
_		instructions Also, see page 1, item I)		759,700.	711,	908.	711,908
	17	Accounts payable and accrued expenses					
	18	Grants payable					
ties	19	Deferred revenue				-	
ij	20	Loans from officers, directors, trustees, and other disqualified person		<del></del>			
Liabilities	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe				_	
		Total Habilities (add hass 47 theory b 20)	Ì				
_	23	Total liabilities (add lines 17 through 22)				-	
"		Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and	d 31.				
ë	24	Unrestricted		759,700.	711,	908.	
Fund Balances	25	Temporarily restricted					
Ba	26	Permanently restricted					
힏		Foundations that do not follow SFAS 117,	I				
		check here and complete lines 27 through 31. ▶					
	27	Capital stock, trust principal, or current funds					
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
SS	29	Retained earnings, accumulated income, endowment, or other funds					
it A	30	Total net assets or fund balances (see instructions)	📙	759,700.	711,	908.	
ž	31	Total liabilities and net assets/fund balances	(see				
_		instructions)		759,700.	711,	908.	
		Analysis of Changes in Net Assets or Fu					
1		l net assets or fund balances at beginning of year -					·
	end-	of-year figure reported on prior year's return)				1	759,700
2	Ente	r amount from Part I, line 27a				2	-48,173
3	Othe	r amount from Part I, line 27a r increases not included in line 2 (itemize) ▶ATTA	ACHI	MENT 6		3	381
4	Add	lines 1, 2, and 3				4	711,908
5	Decr	connon not included in line 2 (termine) >				5	
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 m	ınus lı	ne 5) - Part II, column (b	), line 30	6	711,908

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)

(c) Date acquired (mo , day, yr )

(b) How acquired P-Purchase D-Donation

Part IV

<u>1a</u>

Page 3

(d) Date sold (mo , day, yr )

	<del></del>	<del></del>			
					<del></del>
					ļ
			ļ <u>.</u>		
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (l	
	(or allowable)	plus expense of sale		(e) plus (f) min	ius (g) 
	<u> </u>				
	······		<u> </u>		
Complete only for assets s	showing gain in column (h) and ow	ned by the foundation on 12/31/69	) ر	(I) Gains (Col (h) g	gain minus
i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any		(k), but not less Losses (from o	than -0-) or
			1		
			1		
			1		
Capital gain net income or	(net canital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2		
	or (loss) as defined in sections				
Part I, line 8		<u> </u>	3		
rt V Qualification U	Indar Saction 4940/a) for D	educed Tax on Net Investment	Income	!	
ection 4940(d)(2) applies, l	private foundations subject to	the section 4940(a) tax on net inves	tment inc	, 	Yes X
r optional use by domestic ection 4940(d)(2) applies, is s the foundation liable for t 'es," the foundation does r	e private foundations subject to leave this part blank the section 4942 tax on the dist not qualify under section 4940(e	the section 4940(a) tax on net inves ributable amount of any year in the l e) Do not complete this part	tment inc	ıod?	Yes X
r optional use by domestic ection 4940(d)(2) applies, is s the foundation liable for t 'es," the foundation does r Enter the appropriate amo	private foundations subject to leave this part blank the section 4942 tax on the dist not qualify under section 4940(e punt in each column for each ye	ributable amount of any year in the lar, see the instructions before making	tment inc	otries	
r optional use by domestic ection 4940(d)(2) applies, is s the foundation liable for t 'es," the foundation does r Enter the appropriate amo	e private foundations subject to leave this part blank the section 4942 tax on the dist not qualify under section 4940(e	the section 4940(a) tax on net inves ributable amount of any year in the l e) Do not complete this part	tment inc	olod? [	ratio
ection 4940(d)(2) applies, is the foundation liable for the foundation does report the appropriate amount (a)  Base period years ender year (or tax year beginning in)	e private foundations subject to leave this part blank the section 4942 tax on the dist not qualify under section 4940(e bunt in each column for each ye (b) Adjusted qualifying distributions	ributable amount of any year in the let Do not complete this part ar, see the instructions before making (c)  Net value of nonchantable-use assets	tment inc	otries	ratio y col (c))
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Х

and addresses

4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete

- orm	990-PF (2011) THE BALTIMORE ORIOLES FOUNDATION 52-605	8645		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)			
11	At 'any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
•	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	_12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address  N/A			
14	The books are in care of ▶ ROBERT AMES Telephone no ▶ (410) 68	5-98	00_	
	Located at ▶333 WEST CAMDEN ST, BALTIMORE MD ZIP+4 ▶ 21201			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	N/		
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	l
	over a bank, securities, or other financial account in a foreign country?	16	l	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			ŀ
ο-	the foreign country N/A	ł	•	<u> </u>
Ра	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 8	During the year did the foundation (either directly or indirectly)	1		
	(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?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	the benefit or use of a disqualified person)?			
	(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).			
t	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1ь		х
	Organizations relying on a current notice regarding disaster assistance check here			
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2011?	1 c		Х
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 2011, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2011?			
	If "Yes," list the years			
t	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 instructions )	2b	N/A	
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 <i>a</i>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	ł		
	at any time during the year?			
	of "Yes," did it have excess business holdings in 2011 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 2011)	3ь	N/A	
<b>A</b> =	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	, 21	х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	74	_	- <del></del> -
•	obstable purses that had not been several form records before the first day of the tay are beginning.	45		v

. 4b X Form 990-PF (2011)

_	390-PF (2011) THE BALITMORE				52-605	8645	P	age b
Pai	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continu	ıed)			
5 a	During the year did the foundation pay or incur any amou	nt to						
•	(1) Carry on propaganda, or otherwise attempt to influer	nce legislation (section	4945(e))?	. L Yes	X No			
	(2) Influence the outcome of any specific public ele	ction (see section 4	1955), or to carry or	n,				
	directly or indirectly, any voter registration drive?			. Yes	X No			
	(3) Provide a grant to an individual for travel, study, or other				X No			
	(4) Provide a grant to an organization other than a				_			
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s	_			X No			
	(5) Provide for any purpose other than religious, ch							
	purposes, or for the prevention of cruelty to children of				X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the				cribed in			
	Regulations section 53 4945 or in a current notice regard		•	•		.   5b	N/A	
	Organizations relying on a current notice regarding disast	er assistance check h	ere	•				
c	If the answer is "Yes" to question 5a(4), does the				N/A			
	because it maintained expenditure responsibility for the gi		•		No No	,		
	If "Yes," attach the statement required by Regulations section							
6a	Did the foundation, during the year, receive any fund		ctly to pay premium	s		1		
	on a personal benefit contract?				X No			
b	Did the foundation, during the year, pay premiums, direct					6ь	1	Х
	If "Yes" to 6b, file Form 8870	, , , , , , , , , , , , , , , , , , ,		~				
7 a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes	X No			
	If "Yes," did the foundation receive any proceeds or have					7 b	N/A	
	Information About Officers. Directors	, Trustees, Foun	dation Managers,	Highly Paid	Employe		,	
1	and Contractors  List all officers, directors, trustees, foundation n	annana and their		in admiration a				
-		(b) Title, and average	(c) Compensation	(d) Contribution	<u>-</u>	) Evans		
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefi and deferred comp	it plans   '	e) Expens other all	owances	πι, 3
			****	and donorros com	JOH SULLINIT			
AT'	rachment 7		0		d			0
		. =	·					
2	Compensation of five highest-paid employees	(other than thos	e included on line	e 1 - see in	structions	). If no	one, e	nter
	"NONE."			(4) 0 - 4 - 1				
(a	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribution employee be	enefit (	e) Expens	e accou	nt,
		devoted to position	., .	plans and def compensat		other all	owances	3
NON	E							
			0		d			0
				3.3				
			<del>-</del>					
			·					
Tota	I number of other employees paid over \$50,000 .					1	<b>•</b>	0
						Form 99	0-PF (	2011)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see 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	9,753.
b	Average of monthly cash balances	1b	541,032.
С	Fair market value of all other assets (see instructions)	1c	
ď	Total (add lines 1a, b, and c)	1d	550,785.
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	
3		3	550,785.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
		4	8,262.
5	Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	542,523.
6	Minimum investment return. Enter 5% of line 5	6	27,126.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this process.	part)	
1	Minimum investment return from Part X, line 6	1	27,126.
	Tax on investment income for 2011 from Part VI, line 5 2a 5.		21,1201
b		1	
	Add lines 2a and 2h	2c	5.
3	Add lines 2a and 2b  Distributable amount before adjustments Subtract line 2c from line 1	3	27,121.
4	Recoveries of amounts treated as qualifying distributions	4	
5	محمدا المحمد في محمدا الم	5	27,121.
6		6	27,121.
7	Deduction from distributable amount (see instructions)  Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		<del> </del>
•	line 1 · · · · · · · · · · · · · · · · · ·	7	27,121.
_		<u> </u>	27,121.
Pa	art XII Qualifying Distributions (see 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	505,029.
b	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	505,029.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	5.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	505,024.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years	culating wh	ether the foundation

Page 9

L Pa	rt XIII Undistributed Income (see instru	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
	line 7				27,121.
2	Undistributed income, if any, as of the end of 2011	· · · · · · · · · · · · · · · · · · ·		-	7,222.
	Enter amount for 2010 only				
	Total for prior years 20 09 ,20 08 20 07				
3	Excess distributions carryover, if any, to 2011	<u>.</u>			
-					
	From 2008				
	From 2009				
	From 2010	0 204 650			
	Total of lines 3a through e	2,384,650.			
4	Qualifying distributions for 2011 from Part XII,				
	line 4 ▶ \$505,029.				
а	Applied to 2010, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
C	Treated as distributions out of corpus (Election				
	required - see instructions)				
	Applied to 2011 distributable amount			-	27,121.
е	Remaining amount distributed out of corpus	477,908.			
5	Excess distributions carryover applied to 2011	<u> </u>			
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,862,558.	-	<del>.</del>	
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2010 Subtract line				
	4a from line 2a Taxable amount - see instructions				
	Undertributed uncome for 2011. Subtract lines				
'	Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2012				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not				
	applied on line 5 or line 7 (see instructions)	94,637.			
9	Excess distributions carryover to 2012.		<del></del>		
	Subtract lines 7 and 8 from line 6a	2,767,921.			
10	Analysis of line 9				
а	Excess from 2007 503,079.				
b	Excess from 2008				
С	Excess from 2009 553,731.				
d	Excess from 2010 506,026.				
	Excess from 2011 477, 908 .				

THE BALTIMORE ORIOLES FOUNDATION

52-6058645

Page 10

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Page 11

Part XV Supplementary Information (	continued)			
'3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	Future Payment	
'3 Grants and Contributions Paid During Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to	Foundation	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				
ATTACHMENT 8				
		]		
`	i			
		ŀ		
<del></del>		<u> </u>		
Total	<u> ,</u>	<del></del>	▶ 3a	350,692.
<b>b</b> Approved for factore payment				
		<u> </u>		
Total			▶ 3b	NONE

Page 12

er gross	amounts unless otherwise indicated	Unrei	ated business income	Excluded by	y section 512, 513, or 514	(e) Related or exemp
Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
-						10ee manuchons
;						
<b>.</b>						
	and contracts from government agencies					
/lember	ship dues and assessments					
	on savings and temporary cash investments			14	456.	
	ds and interest from securities `					
	al income or (loss) from real estate		·			
	-financed property					
	il income or (loss) from personal property		1			
	vestment income					
	loss) from sales of assets other than inventory					· · · · · ·
Net inco	ome or (loss) from special events					
3ross pr	rofit or (loss) from sales of inventory					
	venue a					
	ATTACHMENT 9	ļ			1,860.	
_			<u> </u>			
'						
Subtotal Fotal. Ac worksh	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of E	xempt Purp	oses	
Subtotal Fotal. Ac worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci B Relationship of Activities	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
Subtotal Fotal. Ac worksh rt XVI- ne No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
Subtotal Fotal. Ac worksh rt XVI- ne No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
Subtotal Fotal. Ac worksh rt XVI- ne No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
Subtotal Total. Ac worksh rt XVI- e No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
Subtotal Total. Ac worksh rt XVI- e No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
Subtotal Total. Ac worksh rt XVI- e No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
Subtotal Total. Ac worksh rt XVI- e No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
Subtotal Total. Ac worksh rt XVI- e No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
otal. Ac worksh rt XVI- e No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
otal. Ac worksh rt XVI- e No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
otal. Ac worksh rt XVI- e No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
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otal. Ac worksh rt XVI- e No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
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Subtotal Total. Ac worksh rt XVI- e No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
Subtotal Total. Ac worksh rt XVI- e No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
Subtotal Fotal. Ac worksh rt XVI- ne No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
rotal. Ac worksh rt XVI- ne No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
Subtotal Fotal. Ac worksh rt XVI- ne No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to
Subtotal Fotal. Ac worksh rt XVI- ne No	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci  B Relationship of Activities  Explain below how each activit accomplishment of the foundation	ulations) to the Ac	complishment of E	xempt Purp	ooses  of Part XVI-A contribution	uted importantly to

Form 99	0-PF (2	011)	THE BALT	rīmore ori	OLES FOUNDA	TION		52-605	8645	Pa	ge 13
Part	XVII	Information R Exempt Organ		ansfers To	and Transact	ions a	nd Relations	hips With Non	chari	table	•
ዝ D	ld the	organization direct	tly or indirectly	engage in an	y of the followin	g with	any other organ	ization described		Yes	No
		on 501(c) of the Co			_	_	•				
0	rganız	ations?									
аT	ransfe	ers from the reportir	ig foundation to	o a noncharita	ble exempt orga	nization	of				
(1	1) Cas	sh , , ,							1a(1)		Х
(2	2) Oth	er assets	. <b></b> .						1a(2)		Х
		ransactions									
(1	1) Sal	es of assets to a no	ncharitable exe	empt organizati	on				1b(1)		X
(2	2) Pur	chases of assets fro	om a noncharita	able exempt or	ganization				1b(2)		Х
(3	3) Rer	ntal of facilities, equ	ipment, or other	r assets					1b(3)		Х
(4	4) Rei	mbursement arrang	ements			· • • •			1b(4)		X
(;	5) Loa	ns or loan guarante	<b>3</b> S					• • • • • • • • • •	1b(5)		<u> </u>
"	b) Per	formance of service	s or members	nip or fundrais	ing solicitations				1b(6)		X
		g of facilities, equipr answer to any of th							1c	<b>6</b>	
		of the goods, other									
		n any transaction of									
(a) Line		(b) Amount involved		noncharitable exe		<del></del>		rs, transactions, and sha			
		N/A	(-,		<b></b>	N/A	<del></del>	-,	<del>-</del>		
		•				<del>                                     </del>					
				•••							
		·									
		- · · · · · · · · · · · · · · · · · · ·									
-											
					•						
										_	
	_										
	<u>.</u>				<del></del>						
		foundation directly									,
		ed in section 501(c)		other than sect	ion 501(c)(3)) or	ın secti	on 527?		Yo	es X	No
<u>b</u> If	"Yes,	" complete the follo					1				
		(a) Name of organization	<u>a -                                   </u>	(b) 1	ype of organization		(c	) Description of relation	snip		
	N/.	Α			<del></del>						
					<del></del>			<del></del>			
					<del></del>						
	Under	penalties of penury I declar	are that I have exam	uned this return inc	duding accompanying s	chedules a	nd statements and to	the hest of my knowled	ne and b	elief it	is tore
Sign	correct	penalties of perjury, I declaration of and complete Declaration of	f preparer (other han t	taxpayer) is based on	all information of which	preparer ha	s any knowledge	The Best of the Reference	go ano t	rener, it	
Here		Deargle	A luna	color	9/4/12	Se	creta- 17		S discus		retum
	Sign	ature of officer of trustee	<del>71. 2 </del>	Date		Title	TO THE STATE OF TH	with the p	reparer ns)? X	7 -	No
		'	$\mathcal{O}$	,		-	' (	(See mondeno		6.9 ∟	
Paid	-	Print/Type preparer's	name	Preparer's			Date	Check If	PTIN		
		MARGARET A. I	3RADSHAW		Magnet a Backhaw		9/03/1		P005	0122	2
Prepa		Firm's name ► KP	MG LLP	·			<del></del>	Firm's EIN ▶13-5			
Use C	nly	Firm's address ▶ 16	76 INTERNA	TIONAL DR	IVE			· ·	-		

Phone no 703-286-8000

MCLEAN, VA

22102

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

2011

Name of the organization		Employer identification number
THE BALTIMORE ORIOLES	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 fou	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	501(c)(3) taxable private foundation	
General Rule  X For an organization file	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 c	or more (in money or
	e contributor Complete Parts I and II	
Special Rules	•	
under sections 509(a)	3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support to 1(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 200 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form II	e year, a contribution of
during the year, total	7), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use <i>exclusively</i> for religious, charital es, or the prevention of cruelty to children or animals. Complete Parts i, II,	ble, scientific, literary,
during the year, contr not total to more than year for an exclusively applies to this organiz	7), (8), or (10) organization filing Form 990 or 990-EZ that received from a libutions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the \$1,000 If this box is checked, enter here the total contributions that were religious, charitable, etc., purpose. Do not complete any of the parts unless cation because it received nonexclusively religious, charitable, etc., contributions.	ese contributions did be received during the less the General Rule butions of \$5,000 or
990-EZ, or 990-PF), but it <b>must</b>	not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2, of its Form 990, or check the box on line H F, to certify that it does not meet the filing requirements of Schedule B (For	of its Form 990-EZ or on

JSA

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number 52 - 6058645

Part I	Contributors (see instructions). Use duplicate copies of Part	t I if additional space is need	led
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	RBI PROGRAM  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$12,566.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	ORIOLES REACH  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$55,200.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _	CONTRIBUTIONS < 5000  333 WEST CAMDEN STREET  BALTIMORE, MD 21201	\$26,161.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	MILITARY PROGRAM  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$8,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 _	BRIAN ROBERTS  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 _	NICHOLAS MARKAKIS  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$69,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number 52-6058645

Part I	Contributors (see instructions) Use duplicate copies of Par	t I if additional space is need	led
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7-	PLAYERS ALUMNI AUCTION  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$12,653.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 -	FANFEST MERCHANDISE/AUTOGRAPHS  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$93,201.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _	JACKIE ROBINSON ONLINE AUCTION  ONE HUDSON SQUARE, 75 VARICK STREET  NEW YORK, NY 10013	\$10,848.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	KEVIN GREGG  333 WEST 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) Total contributions	(d) Type of contribution
_ 11 _	TSUYOSHIA WADA  333 WEST CAMDEN STREET  BALTIMORE, MD 21201	\$20,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution )
(a) No.	333 WEST CAMDEN STREET		Person X Payroll Noncash (Complete Part II if there is

Employer identification number 52-6058645

Part I	Contributors (see instructions) Use duplicate copies of Par	rt I if additional space is need	led
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 13 _	DELAWARE NORTH  40 FOUNTAIN PLAZA  BUFFALO, NY 14202	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	BIRD LICENSE PLATES PROGRAM  333 WEST CAMDEN STREET  BALTIMORE, MD 21201	\$41,916.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
_ ~ ~ ~ .		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

52-6058645

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		    \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations

Use	duplicate copies of Part III if addition	year. (Enter this information of onal space is needed.	
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-   -			
		(e) Transfer of gift	

ATTACHMENT

521393

ATTACHMENT 1

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

NET INVESTMENT	INCOME	45
REVENUE AND EXPENSES	PER BOOKS	456.
		F MARYLAND INTEREST
	DESCRIPTION	HARBOR BANK OF

456.

456.

456.

TOTAL

#### THE BALTIMORE ORIOLES FOUNDATION

52-6058645

#### ATTACHMENT 2

#### FORM 990PF, PART I - OTHER INCOME

		REVENUE
		AND
		EXPENSES
DESCRIPTION		PER BOOKS
SPRING TRAINING ROSTER SALES		735.
SPRING TRAINING SCOREBOARD		490.
KID'S CHRISTMAS PARTY		596.
MISCELLANEOUS INCOME		39.
	TOTALS	1 060
	TOTALS	1,860.

#### THE BALTIMORE ORIOLES FOUNDATION

52-6058645

ATTACHMENT 3

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

PER BOOKS

FEDERAL EXCISE TAX

5.

TOTALS

## ATTACHMENT

## - OTHER EXPENSES PART I FORM 990PE,

REVENUE AND	EXPENSES	PER BOOKS	200	10	2,000	33,915	108,546	066 '9	2,676
			FEE FEE			RBI PROGRAM	ORIOLES REA	MILITARY PR	SHANNON'S F
			ÖI			ı	ı	ı	ł
		LION	ANNUAL REGISTRATION	S	SARASOTA	PROGRAM EXPENSES	PROGRAM EXPENSES	EXPENSES	PROGRAM EXPENSES
		DESCRIPTION	ANNUAL F	BANK FEES	CIRCUS SARASOTA	PROGRAM	PROGRAM	PROGRAM	PROGRAM

200. 2,000. 33,915. 108,546. 6,990.	
---	--

154,337.

TOTALS

154,337.

2,000. 33,915. 108,546. 6,990. 2,676.

CHARITABLE PURPOSES ATTACHMENT 4

ATTACHMENT 5

INVESTMENTS	
- OTHER	
· II	
PART	
990PF,	
FORM	

ENDING <u>FMV</u>	9,769.	
ENDING BOOK VALUE	9,769.	
BEGINNING BOOK VALUE	9,388.	
	TOTALS	
DESCRIPTION	US SAVINGS BOND	

ATTACHMENT 5

THE BALTIMORE ORIOLES FOUNDATION

52-6058645

ATTACHMENT 6

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

DESCRIPTION AMOUNT

UNREALIZED GAIN 381.

381. TOTAL

V 11-6.5

TRUSTEES
AND
DIRECTORS,
OFFICERS,
OF
LIST
ı
IΙΛ
PART
990PF,
FORM

FORM 990PE, PART VIII - LIST OF OFFICERS, DIRECTORS,	RS, DIRECTORS, AND TRUSTEES		ATTACHMENT	IMENT 7
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PETER G. ANGELOS 100 N. CHARLES STREET 22ND FLOOR BALTIMORE, MD 21201	DIRECTOR .10	0	0	0
GEORGIA K. ANGELOS 333 WEST CAMDEN STREET BALTIMORE, MD 21201	DIRECTOR 1.00	0	0	0
JOSEPH E. FOSS 333 WEST CAMDEN STREET BALTIMORE, MD 21201	DIRECTOR .10	0	0	0
JOHN P. ANGELOS 333 WEST CAMDEN STREET BALTIMORE, MD 21201	DIRECTOR .10	0	0	0
LOUIS F. ANGELOS 100 N. CHARLES STREET BALTIMORE, MD 21201	DIRECTOR .10	0	0	0
	GRAND TOTALS	0	0	0

ATTACHMENT 7

# THE BALTIMORE ORIOLES FOUNDATION

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

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	DURING THE YEAR	! ধা	ATTACHMENT 8
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BIG BROTHERS, BIG SISTERS 3600 CLIPPER MILL ROAD, SUITE 250 BALTIMORE, MD 21211	170 (B) (1) (A) (VI)	COMMUNITY YOUTH GRANT	1,750
KENNEDY KRIEGER INSTITUTE 707 NORTH BROADWAY BALTIMORE, MD 21205	509(A)(3) TYPE II	HEALTHCARE GRANT	9,000
BOYS & GIRLS CLUBS OF SARASOTA P.O BOX 4068 SARASOTA, FL 34230	509(A)(2)	COMMUNITY YOUTH GRANT	2,500
LIVING CLASSROOMS FOUNDATION 802 SOUTH CAROLINE STREET BALTIMORE, MD 21231	509(A)(2)	YOUTH ACTIVITY GRANT	2,000
MIRACLE LEAGUE OF MANASOTA 8466 N LOCKWOOD RIDGE RD #344 C/O ROBERT H MITCHELL SARASOTA, FL 34243	170(B)(1)(A)(VI)	YOUTH ACTIVITY GRANT	27,500
BALTIMORE HEBREW CONGREGATION 7401 PARK HEIGHTS AVE BALTIMORE, MD 21208	PUBLIC CHARITY	COMMUNITY IMPROVEMENT	9,000

V 11-6 5

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

# THE BALTIMORE ORIOLES FOUNDATION

		7	ATTACHMENT 8 (CONT'D)
RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AUTISM SPEAKS 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016	170(B)(1)(A)(VI)	HEALTHCARE GRANT	10,000
KIDS PEACE 4085 INDEPENDENCE DRIVE SCHNECKSVILLE, PA 18078	509 (A) (2)	CHILDHOOD SUPPORT	11,800
LUNGEVITY FOUNDATION 218 S WABASH AVENUE SUITE 540 CHICAGO, IL 60604	170(B)(1)(A)(VI)	HEALTHCARE GRANT	2,500
FRIENDSHIP ACADEMY OF ENGINEERING & TECHNOLOGY 2500 EAST NORTHERN PARKWAY BALTIMORE, MD 21214	PUBLIC CHARITY	YOUTH EDUCATION GRANT	000
THE FISHER CENTER FOR ALZHEIMER'S RESEARCH ONE INTREPID SO WEST 46TH STREET 6 12TH AVENUE NEW YORK, NY 10036	170(B)(1)(A)(VI)	HEALTHCARE GRANT	1,000
THE JACKIE ROBINSON FOUNDATION ONE HUDSON SQUARE, 75 VARICK STREET 2ND FLOOR NEW YORK, NY 10013	170(B)(1)(A)(VI)	TUITION SCHOLARSHIPS	20,947

V 11-6 5

ATTACHMENT 8 (CONT'D)

THE BALTIMORE ORIOLES FOUNDATION

52-6058645

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

GILMAN SCHOOL, INC 5407 ROLAND AVENUE BALTIMORE, MD 21210

EDUCATIONAL GRANT

AMOUNT

ATTACHMENT 8 (CONT'D)

PURPOSE OF GRANT OR CONTRIBUTION

1,150.

170(B)(1)(A)(II)

TOTAL CONTRIBUTIONS PAID

350,692

ATTACHMENT 8

52-6058645

REVENUE	
S OF OTHER	
Q	
ANALYSIS	
t	
XVI-A	
PART	
990-PF,	֡
ORM	

ATTACHMENT 9	EXCLUSION RELATED OR EXEMPT CODE AMOUNT FUNCTION INCOME	01 735. 01 490. 01 596. 01 39.	1,860.
	AMOUNT		
	BUSINESS		
FORM 990-PE, PART XVI-A - ANALYSIS OF OTHER REVENUE	DESCRIPTION	SPRING TRAINING ROSTER SALES SPRING TRAINING SCOREBOARD KID'S CHRISTMAS PARTY MISCELLANEOUS INCOME	TOTALS

### Form **8868** (Rev January 2012)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-1709

► File a separate application for each return

	ii Keveilue			plication for each return.				
		filing for an Automatic 3-Month Extension, co filing for an Additional (Not Automatic) 3-Moi						<b>&gt;</b> X
		plete Part II unlessou have already been gran						,
a con 8868 Retur instru	poration to req n for l ictions)	ling (e-file) You can electronically file Form a required to file Form 990-T), or an addition uest an extension of time to file any of the transfers Associated With Certain Persona For more details on the electronic filing of the	al (not au forms liste I Benefit iis form, vis	tomatic) 3-month exten ed in Part I or Part II wi Contracts, which must sit www.irs.gov/efile and	sion of time You can earth the exception of Fo be sent to the IRS d click on e-file for Char	electorm In p	tronical 8870, paper	lly file Form Information format (see
		tomatic 3-Month Extension of Time. On						
		required to file Form 990-T and requesting an						
Part	only .				70044	: •	:	, <b>►</b> □
		orations (including 1120-C filers), partnerships	, REMICS,	and trusts must use For	•			
to me	псоте	tax returns  Name of exempt organization or other filer, see inst	tructions		Enter filer's Identifyir			
Туре	• ог	Traine of exempt organization of other mer, see mis-	in doctoris		Employer identification number (EIN) or			
print	11					E	5	
File by	the	Number, street, and room or suite no If a P O box.		tions				
due da filing ye		333 WEST CAMDEN STREET	, 00001.00		Social security number (SSN)			
retum	See	City, town or post office, state, and ZIP code For a	foreign add	ress, see instructions				
instruc	tions	BALTIMORE, MD 21201	J	,				
Enter	the Ret	urn code for the return that this application is fo	or (file a se	parate application for ea	ich return)			. 0 4
				_				
	cation		Return	Application				Return
Is Fo			Code	Is For				Code
Form			01	Form 990-T (corporation	on)			07
	990-BL		02	Form 1041-A				08
	990-EZ		01	Form 4720				09
	990-PF		04	Form 5227				10
		sec_401(a) or 408(a) trust) trust other than above)	05	Form 6069				11
roini	330-1 (	uust omer than above)	06 U	Form 8870	<del></del>			12
Te	lephone	are in the care of ► ROBERT AMES  No. ► 410 685-9800		FAX No ▶		<del></del>		. —
		nization does not have an office or place of bu						▶ □
		r a Group Return, enter the organization's four					If th	
		group, check this box		rt of the group, check this	s box ▶ [		and att	tach
		names and EINs of all members the extension at an automatic 3-month (6 months for a corpor		and to file Form 000 T) a			——	
	untıl	06/15 , 20 12 , to file the e				e T	he exte	ension is
		calendar year 20 or						
			1 , 20 10	, and ending	10/31 ,	20	11 .	
2		x year entered in line 1 is for less than 12 month nange in accounting period						
3a	If this a	application is for Form 990-BL, 990-PF, 99	0-T, 4720,	, or 6069, enter the t	tentative tax, less any			
		ndable credits. See instructions.				3a	\$	0.
b	If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any re	fundable credits and			
	estimate	ed tax payments made Include any prior year	overpaym	ent allowed as a credit		3ь	\$	0.
C	Balance	e due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if red	uired, by using EFTPS			
		nic Federal Tax Payment System). See instruc				3с		0
		ou are going to make an electronic fund w	ıthdrawal	with this Form 8868,	see Form 8453-EO ai	nd F	Form 8	879-EO for
<u> </u>	ent insti							
For Pr	ivacy Ac	t and Paperwork Reduction Act Notice, see Instruc	ctions.			Form	n <b>8868</b>	(Rev 1-2012)

Corm RARR	(Rev. 1-2012)					Page 2
	are filing for an Additional (Not Automatic) 3-Mon	th Extensi	on, complete only Part II	and check this i	box	
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	are filing for an Automatic 3-Month Extension, co			proviously inte		
Part II				nal (no copies	s needed).	
				<u> </u>	ing number, see i	Dotavetlene
	Name of exempt organization or other filer, see inst	ructions.			lentification numbe	
Туре о						. ,
print	THE BALTIMORE ORIOLES FOUNDAT	TON		X 52-6	058645	
Pinn	Number, street, and room or suite no. If a P.O. box.		tions.		irity number (SSN)	<del></del>
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fling your	19 Your City, town or post office, state, and ZIP code, For a foreign address, see instructions.					
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Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069  Form 990-T (trust other than above) 06 Form 8870				12		
	Do not complete Part II if you were not already gra		<del></del>	OD 2 DOVIOUS	by filed Form 88	
_	cooks are in the care of ROBERT AMES.	anted at a	atomatic o-monut exterior	II OII E previous	aly illed rolli ou	
	phone No. ▶ 410 685-9800		FAX No. ▶			
	organization does not have an office or place of b					<b>L</b>
	is Is for a Group Return, enter the organization's fou				, if th	F L
	whole group, check this box,				. ▶ and att	-
	the names and EINs of all members the extension		int of the group, check this of		. P and an	IBCII B
	request an additional 3-month extension of time unit			9/15 ,20 1	2	
	or calendar year, or other tax year beginning			nd ending		20_11,
	the tax year entered in line 5 is for less than 12 more				al return	20 <u>11                                   </u>
וֹ נַ	Change in accounting period	intio, oncon	Treater I million to		ui 1010111	
7 S	tate in detail why you need the extension INFO	RMATION	NECESSARY TO PREPA	RE A COMPI	ETE AND	
	CCURATE RETURN IS NOT YET AVAILABL					
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8a If	this application is for Form 990-BL, 990-PF, 9	90-T, 4720	), or 6069, enter the ten	tative tax, les	sany	·-····································
	onrefundable credits. See instructions.	•		·	8a \$	5.
b lf	this application is for Form 990-PF, 990-T,	4720, c	or 6069, enter any refut	ndable credits	, legate l	
θ	stimated tax payments made Include any p	rior year	overpayment allowed as	a credit and	any 🧱	
	mount paid previously with Form 8868.	•	• •		8b \$	0
	alance Due, Subtract line 8b from line 8a Include	your payr	ment with this form, if requi	ired, by using E		
	Electronic Federal Tax Payment System) See instri		, ,		8c \$	5.
	Signature and Verific		ist be completed for f	Part II only.	114	
Under o	enalties of perjury, i deciare that I have examined this form,		-	-	best of my knowle	doe and belief.
-	correct, and complete, and that I am sythorized to prepare this	_			: <b>,</b>	
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Signatur	· Lengut. Challes		Title > Title 50	• '	Date ▶ Ø/	11/12
					Form 8868	(Rev. 1-2012)
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